

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ 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.

OMB No. 1545-0047

2018

Open to Public Inspection

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)			2682204.		2682204.	.93%
b Medicaid (from Worksheet 3, column a)			89364165.	79745668.	9618497.	3.32%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			92046369.	79745668.	12300701.	4.25%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			359,035.		359,035.	.12%
f Health professions education (from Worksheet 5)			9446629.	2774103.	6672526.	2.31%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			34,224.		34,224.	.01%
j Total. Other Benefits			9839888.	2774103.	7065785.	2.44%
k Total. Add lines 7d and 7j			101886257	82519771.	19366486.	6.69%

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			28,172.		28,172.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			40,600.		40,600.	.01%
7 Community health improvement advocacy						
8 Workforce development			49,040.		49,040.	.02%
9 Other						
10 Total			117,812.		117,812.	.04%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	10,875,277.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	68,620,299.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	63,218,638.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	5,401,661.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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.TRINITYHEALTHOFNE.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>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>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 Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group 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? If "Yes," explain in Section C.	23	X
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? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2018

Part V Facility Information (continued)

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

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 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO CARE

- PREVENTATIVE/PRIMARY/PRENATAL CARE
- LANGUAGE
- TRANSPORTATION

2. HEALTH INFLUENCERS

- ACCESS TO FOOD
- HOUSING
- HEALTH EDUCATION/OUTREACH

3. HEALTH RISK FACTORS

- OBESITY/DIABETES
- HYPERTENSION/HEART DISEASE
- ASTHMA
- INFANT MORTALITY
- SUBSTANCE ABUSE/MENTAL HEALTH

Part V Facility Information (continued)

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

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY, ESPECIALLY FROM THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, WAS PRIORITIZED AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE THE PRIMARY MECHANISMS FOR DATA COLLECTION AND COMMUNITY & STAKEHOLDER ENGAGEMENT:

QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED AND REVIEWED THROUGHOUT THE CHNA PROCESS. SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U.S. CENSUS, U.S. BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES. TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS.

IN ADDITION, SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, STAYWELL HEALTH CENTER, AND CHESPROCOTT HEALTH DISTRICT PARTNERED WITH DATAHAVEN AND, IN PART, SPONSORED THE 2018 DATAHAVEN COMMUNITY WELLBEING SURVEY (DCWS) ALONG WITH 80 OTHER PUBLIC AND PRIVATE PARTNERS IN THE AREA. ORGANIZATIONS INVOLVED INCLUDE CAPITOL REGION COUNCIL OF GOVERNMENTS, UNITED WAY OF WESTERN CONNECTICUT, UNIVERSITY OF HARTFORD, NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION, CONNECTICUT'S LEGISLATIVE COMMISSION ON AGING, DEPARTMENT OF COMMUNITY MEDICINE AND HEALTH CARE, UCONN SCHOOL OF MEDICINE, AMERICAN HEART ASSOCIATION, CENTRAL CONNECTICUT HEALTH DISTRICT, CAROLYN FOUNDATION, PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, LIBERTY BANK

Part V Facility Information (continued)

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

FOUNDATION, HEALTH EQUITY DATA ANALYTICS PROJECT (STATE OF CONNECTICUT),
AND POWERING HEALTH LIVES (URBAN INSTITUTE AND ROBERT WOOD JOHNSON
FOUNDATION).

SURVEYS WERE CONDUCTED FROM MARCH 6 THROUGH NOVEMBER 29, 2018. THE SURVEY
COMPLETED LIVE, IN-DEPTH INTERVIEWS WITH 2,319 RESIDENTS IN THE REGION VIA
CELLULAR AND LANDLINE PHONE, 1000 OF WHICH WERE FROM WATERBURY. INTERVIEWS
WERE CONDUCTED IN ENGLISH AND SPANISH. ADDITIONAL INFORMATION ON SURVEY
METHODS ARE POSTED AT DATAHAVEN (CTDATAHAVEN.ORG).

COMMUNITY ENGAGEMENT - ADDITIONAL COMMUNITY ENGAGEMENT WORK WAS CONTRACTED
WITH BONNIE WEYLAND SMITH CONSULTING (BWS). MEMBERS OF THE GREATER
WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), WHICH INCLUDE SAINT
MARY'S HOSPITAL, WATERBURY HOSPITAL, UNITED WAY, THE CONNECTICUT COMMUNITY
FOUNDATION, STAYWELL HEALTH CENTER, AND THE WATERBURY DEPARTMENT OF PUBLIC
HEALTH, CONTRACTED WITH BWS WHO HAS EXTENSIVE EXPERIENCE ANALYZING PUBLIC
HEALTH DATA FROM ADMINISTRATIVE DATA, COMMUNITY AND SCHOOL SURVEYS.

THIS INPUT WAS GATHERED FROM:

- A KEY INFORMANT HEALTH PRIORITIZATION SESSION HELD AT NAUGATUCK VALLEY
COMMUNITY COLLEGE ON MAY 30, 2019. THAT 3 HOUR SESSION WAS ATTENDED BY
APPROXIMATELY 40 COMMUNITY LEADERS.

- TWO FOCUS GROUP MEETINGS HELD AT PARTNER HOSPITALS, SAINT MARY'S
HOSPITAL AND WATERBURY HOSPITAL ON JUNE 4TH AND JUNE 6TH, 2019,
RESPECTIVELY. APPROXIMATELY 35 MEDICAL COMMUNITY PROFESSIONALS ATTENDED
THE 90 MINUTE SESSIONS AND IDENTIFIED HEALTH PRIORITIES.

Part V Facility Information (continued)

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

- A FOCUS GROUP FOR THE CHESPROCOTT HEALTH DISTRICT HELD ON JUNE 3, 2019 IN CHESHIRE WHICH ENGAGED APPROXIMATELY 22 COMMUNITY LEADERS AND PROFESSIONALS/STAKEHOLDERS FROM THE DISTRICT IN A 90 MINUTE DISCUSSION FACILITATED BY BWS CONSULTANTS.

- TWO KEY NEIGHBORHOOD COMMUNITY CONVERSATIONS HELD IN TWO FAITH COMMUNITIES, LONG HILL BIBLE CHURCH AND OUR LADY OF LOURDES/SAINT ANNE'S IN THE SOUTH END. THESE INFORMAL 90 MINUTE SESSIONS WERE ATTENDED BY A TOTAL OF 51 NEIGHBORHOOD RESIDENTS WHO PARTICIPATED IN DETERMINING HEALTH PRIORITIES FOR THEIR COMMUNITIES.

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, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, JOHNSON MEMORIAL HOSPITAL AND STAYWELL HEALTH CENTER (A FEDERALLY QUALIFIED HEALTH CENTER).

SAINT MARY'S HOSPITAL:

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

Part V Facility Information *(continued)*

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

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: ACCESS TO CARE/HEALTH INFLUENCERS - SAINT

MARY'S HOSPITAL PARTICIPATED IN THE GREATER WATERBURY HEALTH ACCESS

PROGRAM, A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL,

STAYWELL CENTER AND THE WATERBURY HEALTH DEPARTMENT. THIS 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.

HEALTH RISK FACTORS -

OBESITY/DIABETES - SAINT MARY'S HOSPITAL WAS INVOLVED IN THE YMCA'S

DIABETES PREVENTION PROGRAM (DPP), AND PROMOTED THE REFERRAL PROCESS TO

HELP INCREASE PARTICIPANTS TO THIS PROGRAM.

SUBSTANCE ABUSE/MENTAL HEALTH - SAINT MARY'S HOSPITAL CONTINUED ITS

PARTNERSHIP WITH LOCAL AGENCIES ON THE COMMUNITY CARE TEAM WHICH

IMPLEMENTED CHANGES IN REFERRAL PROCESSES TO SUPPORT PATIENTS WITH COMPLEX

BEHAVIORAL HEALTH PROBLEMS; MANY OF WHOM ARE DEALING WITH SUBSTANCE ABUSE

AND MENTAL HEALTH CO-MORBIDITIES.

ASTHMA - SAINT MARY'S HOSPITAL PARTNERED WITH THE CONNECTICUT HOSPITAL

ASSOCIATION TO IMPLEMENT THE EVIDENCE BASED EASY BREATHING ASTHMA PROGRAM

WHICH HAS BEEN SHOWN TO IMPROVE ASTHMA OUTCOMES FOR CHILDREN ENROLLED IN

THE PROGRAM.

SAINT MARY'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH

Part V Facility Information (continued)

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

ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SAINT MARY'S HOSPITAL WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:

ACCESS TO CARE - LANGUAGE

HEALTH INFLUENCERS - ACCESS TO FOOD/HOUSING

HEALTH RISK FACTORS - INFANT MORTALITY, HYPERTENSION/HEART DISEASE

SAINT MARY'S HOSPITAL, ALTHOUGH PLAYING ITS ROLE IN THIS COLLECTIVE EFFORT, DOES NOT HAVE THE EXPERTISE TO FULLY ADDRESS THESE ISSUES IN THE COMMUNITY. SAINT MARY'S HOSPITAL IS A FOUNDING PARTNER OF THE GREATER WATERBURY HEALTH PARTNERSHIP (GWHP) WHICH INCLUDES A WIDE ARRAY OF ANCHOR INSTITUTIONS INCLUDING THE CITY OF WATERBURY, WATERBURY HOSPITAL, STAYWELL HEALTH CENTER AND THE UNITED WAY OF GREATER WATERBURY, AND HAS DEVELOPED A PORTFOLIO OF WORK THAT INCLUDES WORKING ON ACCESS TO CARE, HEALTH INFLUENCERS AND HEALTH RISK FACTORS. THE GWHP IS A NON-PROFIT ORGANIZATION THAT AIMS TO PROVIDE ACCESS TO QUALITY, CULTURALLY SENSITIVE, AND EVIDENCE-BASED HEALTH INFORMATION TO GREATER WATERBURY RESIDENTS AND ORGANIZATIONS, AND TO COORDINATE LOCAL HEALTHCARE SERVICES TO IMPROVE OVERALL COMMUNITY HEALTH. THE MISSION IS BASED ON COMMUNITY COLLABORATION AS A CRITICAL ELEMENT TO MEET THE NEEDS OF OUR DIVERSE COMMUNITIES AND IS SUPPORTED BY DATA.

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

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.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/

COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 9:

Part V Facility Information *(continued)*

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

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.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

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

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

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

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

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

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

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? 21

Name and address	Type of Facility (describe)
1 CHESHIRE PRIMARY CARE 1154 HIGHLAND AVE CHESHIRE, CT 06410	PRIMARY CARE
2 SHADY MACARON 590 MIDDLEBURY RD MIDDLEBURY, CT 06762	INTERNAL MEDICINE
3 MEDICAL OFFICES 58 MAPLE STREET NAUGATUCK, CT 06770	URGENT CARE, PHYSICAL THERAPY, VISION CENTER, INTERNAL MEDICINE
4 MEDICAL OFFICES 166 WATERBURY RD PROSPECT, CT 06712	WOMEN'S HEALTH, ONCOLOGY, PEDICATRICS, PRIMARY CARE
5 SOUTHBURY INTERNAL MEDICINE 385 MAIN ST SOUTH SOUTHBURRY, CT 06488	INTERNAL MEDICINE
6 BLOOD DRAW 303 UNION SQUARE SOUTHBURY, CT 06488	LAB
7 MEDICAL OFFICES 33 BULLET HILL RD SOUTHBURY, CT 06488	WOMEN'S HEALTH, ONCOLOGY, ROBOTIC & LAPAROSCOPIC SURGICAL SPECIALISTS
8 POLOKOFF BREAST CARE, LLC 900 MAIN STREET SOUTH SOUTHBURY, CT 06488	WOMEN'S HEALTH
9 DIABETES & ENDOCRINOLOGY CNTR 1389 WEST MAIN ST WATERBURY, CT 06708	DIABETES & ENDOCRINOLOGY
10 MEDICAL OFFICES 140 GRANDVIEW AVE WATERBURY, CT 06708	INTERNAL MEDICINE

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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? 21

Name and address	Type of Facility (describe)
11 BRASS CITY INTERNAL MED 2247 EAST MAIN ST WATERBURY, CT 06705	INTERNAL MEDICINE
12 WESTSIDE MEDICAL GROUP 714 CHASE PARKWAY WATERBURY, CT 06708	INTERNAL MEDICINE
13 CHILD DEVELOPMENT CENTER 100 VISITATION PLAZA WATERBURY, CT 06706	CHILD CARE
14 THE HEART GROUP AT THOFNE MEDICAL GRP 1320 WEST MAIN STREET WATERBURY, CT 06708	CARDIOVASCULAR CARE
15 MEDICAL OFFICES 133 SCOVILL STREET WATERBURY, CT 06705	LAB, SLEEP DISORDER CENTER, NUTRITION CENTER, PRIMARY CARE, RHEUMATOLOGY, OB
16 NAUGATUCK VALLEY SURGICAL CENTER 160 ROBBINS ST WATERBURY, CT 06708	SAME DAY SURGERY
17 MEDICAL OFFICES 1981 EAST MAIN STREET WATERBURY, CT 06706	PHYSICAL AND OCCUPATIONAL THERAPY, LAB, & X-RAY, INTERNAL MEDICINE
18 EAST MAIN PRIMARY CARE 3801 EAST MAIN ST WATERBURY, CT 06705	PRIMARY CARE
19 DIGESTIVE DISEASE CENTER OF CT 60 WESTWOOD AVE WATERBURY, CT 06708	DIGESTIVE DISEASE
20 MEDICAL OFFICES 70 HEMINWAY PARK ROAD WATERTOWN, CT 06795	LAB, INTERNAL MEDICINE

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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 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, \$10,875,277, 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 INCLUDED: COMMUNITY SUPPORT, COALITION BUILDING, AND WORKFORCE DEVELOPMENT.

COMMUNITY SUPPORT - SAINT MARY'S HOSPITAL HAD 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 LONG STANDING AND HAS HISTORICALLY BEEN AN AREA TO WHICH SIGNIFICANT SUPPORT IS PROVIDED. THE UNITED WAY SUPPORTS NUMEROUS AGENCIES THAT FOCUS ON HOUSING, COMMUNITY SUPPORT, PHYSICAL IMPROVEMENTS AND WORKFORCE DEVELOPMENT. THROUGH OUR 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

Part VI Supplemental Information (Continuation)

HEALTH PARTNERSHIP (GWHP), 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 PARTNERSHIP.

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 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 VI Supplemental Information (Continuation)

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

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

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Part VI Supplemental Information (Continuation)

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

PART III, LINE 5:

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

PART III, LINE 8:

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

Part VI Supplemental Information (Continuation)

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 - 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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - THE AREA, GREATER WATERBURY, IS DEFINED AS: WATERBURY, NAUGATUCK, PROSPECT, CHESHIRE, WOLCOTT, MIDDLEBURY, WATERTOWN, THOMASTON, BEACON FALLS, OXFORD, SOUTHURY, WOODBURY, BETHLEHEM, MORRIS, LITCHFIELD, GOSHEN, WARREN, WASHINGTON, ROXBURY, BRIDGEWATER, AND NEW MILFORD. THIS REGION HAS A POPULATION OF 335,490. OVER ONE-THIRD OF THE RESIDENTS IN THE REGION LIVE IN WATERBURY.

AGE DISTRIBUTION -THE REGION'S TOTAL POPULATION IS PROJECTED TO STAY THE SAME BETWEEN 2015 AND 2040, THOUGH THE AREA'S POPULATION AGES 65+ IS PROJECTED TO GROW BY 35%. HOWEVER, WATERBURY, THE URBAN CORE, IS YOUNGER THAN THE REST OF THE REGION (26% UNDER 18, COMPARED TO 21% FOR THE REGION).

RACIAL AND ETHNIC DIVERSITY - WHILE PEOPLE OF COLOR MAKE UP 29% OF THE REGION'S TOTAL POPULATION, THEY ARE 41% OF THE REGION'S POPULATION UNDER AGE 18, AND 61% OF WATERBURY'S RESIDENTS (37% HISPANIC, 18% BLACK NON-HISPANIC, 6% OTHER RACE).

POVERTY - TWENTY FIVE PERCENT (25%) OF RESIDENTS IN THE REGION LACK FINANCIAL SECURITY (HAVE INCOMES BELOW \$51,500 FOR A FAMILY OF FOUR) AND 14% OF RESIDENTS LIVE BELOW 200% OF THE FEDERAL POVERTY LINE, DEFINED AS INCOME OF \$25,750 ANNUALLY FOR A FAMILY OF FOUR. WATERBURY RESIDENTS ARE MORE LIKELY TO BE LOW-INCOME AND POOR WITH 47% OF HOUSEHOLDS FALLING WITHIN THE LOW-INCOME RATE.

Part VI Supplemental Information (Continuation)

WITHIN THE REGION, THE FEDERAL HEALTH RESOURCES & SERVICES ADMINISTRATION HAS DESIGNATED THE CENTRAL WATERBURY AREA AS A MEDICALLY UNDERSERVED AREA/POPULATION. THERE IS ONE OTHER HOSPITAL SERVING THIS COMMUNITY, WATERBURY HOSPITAL.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - CLINICIANS AT SAINT MARY'S HOSPITAL OFFERED FREE LECTURES AND SEMINARS IN RESPONSE TO COMMUNITY REQUESTS AND FACILITATED HEALTH PROMOTION IN THE COMMUNITY.

TOBACCO 21 - ACTIVITIES INCLUDED PARTICIPATION IN THE STATE TOBACCO COALITION - MOBILIZE AGAINST TOBACCO FOR CONNECTICUT'S HEALTH (MATCH) THAT PROPOSED POLICY CHANGES THAT SUPPORT NON-SMOKING BEHAVIOR AND ENGAGEMENT OF YOUTH, WHICH RESULTED IN PASSAGE OF TOBACCO 21 LEGISLATION IN THE STATE OF CONNECTICUT.

NEW ENGLAND 61 DAY CHALLENGE - IS A HEALTHY LIFESTYLE INITIATIVE THAT INCLUDES EDUCATION ABOUT HEALTHY EATING, PHYSICAL ACTIVITY, AND POSITIVE BEHAVIORAL CHANGES. IT ENCOURAGES INDIVIDUALS AND GROUPS TO PARTICIPATE AND LEARN HOW TO MAKE SMART CHOICES AND DEVELOP HEALTHY BEHAVIORS.

PARTICIPANTS IN THE CHALLENGE, PROMISE TO START TAKING THE STEPS TO A HEALTHIER LIFESTYLE. THE HOSPITAL SYSTEM OFFERS A VARIETY OF CLASSES AND PROGRAMS TO HELP INDIVIDUALS EAT HEALTHY, STAY ACTIVE AND MAKE POSITIVE CHANGES.

SMOKE FREE CAMPUS - SMOKE FREE ELECTRONIC SIGNAGE MESSAGING WAS DISPLAYED THROUGHOUT THE HOSPITAL. SAINT MARY'S HOSPITAL ALSO PROMOTED AND

Part VI Supplemental Information (Continuation)

PARTICIPATED IN THE WORLD NO TOBACCO DAY (WNTD). THE ANNUAL CAMPAIGN IS AN OPPORTUNITY TO RAISE AWARENESS ON THE HARMFUL AND DEADLY EFFECTS OF TOBACCO USE AND SECOND-HAND SMOKE EXPOSURE, AND TO DISCOURAGE THE USE OF TOBACCO IN ANY FORM.

SAINT MARY'S HOSPITAL IS ON THE PATH OF RECEIVING BABY FRIENDLY STATUS. BABY FRIENDLY HOSPITALS ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. WE ARE A CENTER OF SUPPORT IN WHICH EVIDENCED-BASED CARE IS PROVIDED, EDUCATION IS FREE FROM COMMERCIAL INTERESTS, ALL INFANT FEEDING OPTIONS ARE POSSIBLE, AND INDIVIDUAL PREFERENCES ARE RESPECTED. WE AIM TO ENSURE THAT EVERY MOTHER IS FULLY INFORMED OF THE IMPORTANCE OF BREASTFEEDING AND THE HELP SHE NEEDS TO ACHIEVE HER BREASTFEEDING GOAL.

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 HOSPITALS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2019, EVERY TRINITY HEALTH ENTITY FOCUSED ON:

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

Part VI Supplemental Information (Continuation)

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

IN ADDITION TO THE PROGRAMMATIC SPENDING DESCRIBED ABOVE, THE SYSTEM DEPLOYED NEW AND RENEWED LOANS OF \$5.3 MILLION FOR PLACE-BASED INVESTING TO IMPROVE ACCESS TO AFFORDABLE HOUSING, HEALTHY FOODS, EDUCATION, AND ECONOMIC DEVELOPMENT. THE COMMUNITY-INVESTING PROGRAM ALSO HAS OUTSTANDING LOAN COMMITMENTS OF \$6.0 MILLION TO COMMUNITY INFRASTRUCTURE PROJECTS, WHICH WILL BE DEPLOYED IN FUTURE YEARS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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

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