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

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1b If "Yes," was it a written policy?

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:

- [x] Applied uniformly to all hospital facilities
- [ ] Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year.

   a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:

   - [ ] 100%
   - [ ] 150%
   - [x] 200%
   - [ ] Other ______

   b. Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:

   - [ ] 100%
   - [ ] 150%
   - [ ] 200%
   - [ ] 250%
   - [ ] 300%
   - [ ] 350%
   - [ ] 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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5b If "Yes," did the organization’s financial assistance expenses exceed the budgeted amount?

5c 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?

6a Did the organization prepare a community benefit report during the tax year?

6b If "Yes," did the organization make it available to the public?

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</th>
<th>Select</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Financial Assistance and Other Means-Tested Government Programs</td>
<td>(a) Number of activities or programs (optional)</td>
<td>(b) Persons served (optional)</td>
<td>(c) Total community benefit expense</td>
</tr>
<tr>
<td>a. Financial Assistance at cost (from Worksheet 1)</td>
<td>2,254</td>
<td>1,498,894</td>
<td>360,000</td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>3,138</td>
<td>1,940,496</td>
<td>1,456,610</td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total Financial Assistance and Means-Tested Government Programs</td>
<td>5,392</td>
<td>3,439,390</td>
<td>1,816,610</td>
</tr>
<tr>
<td>e. Community health improvement services and other benefit operations (from Worksheet 4)</td>
<td>11</td>
<td>2,797</td>
<td>46,489</td>
</tr>
<tr>
<td>f. Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>40</td>
<td>31,469</td>
</tr>
<tr>
<td>g. Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>4</td>
<td>1,205</td>
<td>16,908</td>
</tr>
<tr>
<td>j. Total, Other Benefits</td>
<td>16</td>
<td>4,042</td>
<td>94,866</td>
</tr>
<tr>
<td>k. Total, Add lines 7d and 7e</td>
<td>16</td>
<td>9,434</td>
<td>3,534,256</td>
</tr>
</tbody>
</table>

**Other Benefits**

- [ ] Community health improvement services and other benefit operations (from Worksheet 4)
- [ ] Health professions education (from Worksheet 5)
- [ ] Subsidized health services (from Worksheet 6)
- [ ] Research (from Worksheet 7)
- [ ] Cash and in-kind contributions for community benefit (from Worksheet 8)

| Total, Other Benefits | 16 | 9,434 | 3,534,256 | 1,816,610 | 1,717,646 | 7.27% |
## 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.

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td>1,760.</td>
<td>1,760.</td>
<td>.01%</td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td>120</td>
<td>8,067.</td>
<td>.03%</td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td>344</td>
<td>7,187.</td>
<td>.03%</td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td>464</td>
<td>17,014.</td>
<td>.07%</td>
<td></td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>4</td>
<td>464</td>
<td>17,014.</td>
<td>.07%</td>
<td></td>
</tr>
</tbody>
</table>

## Part III Bad Debt, Medicare, & Collection Practices

### Section A. Bad Debt Expense

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 
   - Yes [x] No 

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. 
   - 2,635,281.

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. 
   - 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). 
   - 7,089,713.

6. Enter Medicare allowable costs of care relating to payments on line 5. 
   - 6,870,144.

7. Subtract line 6 from line 5. This is the surplus (or shortfall). 
   - 219,569.

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: 
   - [ ] Cost accounting system 
   - [x] Cost to charge ratio 
   - [ ] Other

### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year? 
   - [x]

9b. 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. 
   - [x]

## Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
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</tbody>
</table>

732092 11-28-17

Schedule H (Form 990) 2017

GOOD SAMARITAN HOSPITAL, INC. 26-1720984

Page 2

14060514 794151 6720 2017.05060 GOOD SAMARITAN HOSPITAL, IN 67201

33
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)

<table>
<thead>
<tr>
<th>Number</th>
<th>Facility Name</th>
<th>Address</th>
<th>Permit #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GOOD SAMARITAN HOSPITAL</td>
<td>5401 LAKE OCONEE PARKWAY</td>
<td>066-638</td>
</tr>
<tr>
<td></td>
<td>GREENSBORO, GA 30642-4232</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facility reporting group

Licensed hospital: X
Children's hospital: X
Teaching hospital: X
Critical access hospital: X
ER24 hours: X
ERother: X
Other (describe):
### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;No,&quot; skip to line 12.</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Other (describe in Section C)
- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- How data was obtained
- The significant health needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community's interests
- The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Other (describe in Section C)

### Indicate the tax year the hospital facility last conducted a CHNA:
- 2015

### 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.
- Yes 5

### Was the hospital facility's CHNA conducted with one or more other hospital facilities?
- Yes 6a

### Did the hospital facility make its CHNA report widely available to the public?
- Yes 7

### 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.
- Yes 8

### Indicate the tax year the hospital facility last adopted an implementation strategy:
- 2015

### Is the hospital facility’s most recently adopted implementation strategy posted on a website?
- Yes 10

### 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)?
- Yes 12a

### Did the organization file Form 4720 to report the section 4959 excise tax? (complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
- Yes 12b

### Other (describe in Section C)
- The significant health needs of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs
- Demographics of the community
- A definition of the community served by the hospital facility
- How data was obtained
- The significant health needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community's interests
- The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Other (describe in Section C)
## Financial Assistance Policy (FAP)

**Name of hospital facility or letter of facility reporting group**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>GOOD SAMARITAN HOSPITAL</td>
</tr>
</tbody>
</table>

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? 

- [ ] Yes  
- [x] No  

If "Yes," indicate the eligibility criteria explained in the FAP:

- [x] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%  
- [ ] Income level other than FPG (describe in Section C)  
- [x] Asset level  
- [x] Medical indigency  
- [x] Insurance status  
- [x] Underinsurance status  
- [x] Residency  
- [x] Other (describe in Section C)

**14** Explained the basis for calculating amounts charged to patients?  

- [x] Yes  
- [ ] No

**15** Explained the method for applying for financial assistance?  

- [x] Yes  
- [ ] No

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):

- [x] Described the information the hospital facility may require an individual to provide as part of his or her application  
- [x] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  
- [ ] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  
- [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  
- [ ] Other (describe in Section C)

**16** Was widely publicized within the community served by the hospital facility?  

- [x] Yes  
- [ ] No

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- [x] The FAP was widely available on a website (list url): SEE PART V, PAGE 8  
- [x] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8  
- [x] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8  
- [x] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
- [x] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  
- [x] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  
- [x] 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  
- [x] Notified members of the community who are most likely to require financial assistance about availability of the FAP  
- [x] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations  
- [ ] Other (describe in Section C)
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?

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:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

None of these actions or other similar actions were permitted.

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?

If “Yes,” check all actions in which the hospital facility or a third party engaged:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

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):

- 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
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- Processed incomplete and complete FAP applications
- Made presumptive eligibility determinations
- Other (describe in Section C)

None of these efforts were made.

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?

If “No,” indicate why:

- The hospital facility did not provide care for any emergency medical conditions
- The hospital facility’s policy was not in writing
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- Other (describe in Section C)
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.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>X</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td>The hospital facility used a prospective Medicare or Medicaid method.</td>
<td></td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>X</td>
</tr>
</tbody>
</table>

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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>X</td>
</tr>
</tbody>
</table>
GOOD SAMARITAN HOSPITAL:

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

PART V, SECTION B, LINE 3E: GOOD SAMARITAN HOSPITAL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

CARDIOVASCULAR HEALTH

RESPIRATORY HEALTH

MENTAL HEALTH AND SUBSTANCE ABUSE

DIABETES AND OBESITY

MATERNAL AND INFANT HEALTH

CEREBROVASCULAR HEALTH

CANCER

HIV/AIDS AND STD'S

ACCESS TO CARE

INJURY PREVENTION AND SAFETY

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 5: ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL, AND ST. MARY'S SACRED HEART HOSPITAL) COLLABORATED IN FISCAL YEAR 2016 WITH ATHENS REGIONAL HEALTH
SYSTEM TO COMPLETE THE FIRST EVER JOINT CHNA WITH THE GOAL OF DEVELOPING A
HOLISTIC UNDERSTANDING OF THE HEALTH PRIORITIES IN THE COMMUNITIES SERVED.

SECONDARY DATA WAS TAKEN FROM A VARIETY OF SOURCES FROM ALL 17 COUNTIES IN
THE HOSPITALS' SERVICE AREA. A TOTAL OF 27 INDIVIDUALS WERE SELECTED AND
INTERVIEWED BASED ON THEIR EXPERTISE, KNOWLEDGE OF THE HEALTH NEEDS OF THE
REGION, AND EXPERIENCE WITH VULNERABLE POPULATIONS. THE SELECTION OF THE
KEY INFORMANTS WAS GUIDED BY THE FINDINGS OF THE HOSPITALS' PREVIOUS CHNA
REPORTS AS WELL AS THE INPUT OF THE TWO STEERING COMMITTEES WHICH OVERSAW
THE ASSESSMENT. FOCUSING ON THE VULNERABLE POPULATION GROUPS IDENTIFIED
BY THE CHNA ADVISORY COMMITTEE, A TOTAL OF 15 FOCUS GROUPS WERE CONDUCTED
TO SUPPLEMENT THE FINDINGS OF KEY INFORMANT INTERVIEWS. HIGHLIGHTS OF THE
FOCUS GROUPS AND KEY INFORMANT INTERVIEWS ARE INCORPORATED THROUGHOUT THE
CHNA REPORT AND ARE LABELED AS "VOICES OF THE COMMUNITY". ALSO, WE
UTILIZED AN ONLINE SURVEY APPLICATION DEVELOPED IN PARTNERSHIP WITH THE
D.C.-BASED URBAN INSTITUTE, WHICH 2,037 INDIVIDUALS USED TO COMPLETE ONE
OF TWO SURVEY INSTRUMENTS ADMINISTERED BY COMMUNITY CONNECTION, A LOCAL
NOT-FOR-PROFIT AGENCY.

THE FOLLOWING ORGANIZATIONS AND GROUPS WERE CONSULTED IN CONDUCTING ST.
MARY'S HEALTH CARE SYSTEM'S JOINT CHNA:

ATHENS NURSES CLINIC
MERCY HEALTH CENTER
ATHENS NEIGHBORHOOD HEALTH CENTER
NORTHEAST HEALTH DISTRICT
UGA COLLEGE OF PUBLIC HEALTH
CLARKE COUNTY SCHOOL DISTRICT
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.

ADVANTAGE BEHAVIORAL HEALTH SYSTEM

SALVATION ARMY

ATHENS COMMUNITY COUNCIL ON AGING

HART COUNTY HEALTH DEPARTMENT

OGLETHORPE COUNTY HEALTH DEPARTMENT

FRANKLIN COUNTY HEALTH DEPARTMENT

WALTON COUNTY HEALTH DEPARTMENT

OCONEE COUNTY RESOURCE COUNCIL

NORTHRIIDGE MEDICAL CENTER

BARROW COUNTY SCHOOL SYSTEM

MADISON COUNTY HEALTH DEPARTMENT

OGLETHORPE COUNTY FAMILY CONNECTION

OASIS CATOLICO

ACTION MINISTRIES

ALL KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED BETWEEN JANUARY AND NOVEMBER OF 2015. WHEN IDENTIFYING INDIVIDUALS AND ORGANIZATIONS TO BE PART OF THE PROCESS, A PRIORITY WAS GIVEN TO ORGANIZATIONS THAT WORKED WITH VULNERABLE POPULATIONS. WE WORKED WITH SCHOOL SYSTEMS WITH PROGRAMS LIKE EARLY HEAD START/HEAD START TO LEARN MORE ABOUT CHILDREN LIVING IN POVERTY. WE ALSO MET WITH LOCAL FREE CLINICS AND THE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) TO GET INPUT ON THE UNINSURED AND UNDERINSURED IN OUR REGION. TO GET INFORMATION ABOUT FAMILIES LIVING IN POVERTY, WE MET WITH INDIVIDUALS AND HAD FOCUS GROUPS THROUGH THE SALVATION ARMY, THE HOUSING AUTHORITY, AND ACTIONS MINISTRIES. WE ALSO WORKED CLOSELY WITH SOCIAL WORKERS AND OASIS CATOLICO, WHO WORK WITH OUR SPANISH SPEAKING POPULATIONS, TO LEARN MORE ABOUT THE GAPS IN
GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 6A: THE 2016 CHNA WAS CONDUCTED JOINTLY BETWEEN ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL AND ST. MARY'S SACRED HEART HOSPITAL) AND ATHENS REGIONAL HEALTH SYSTEM.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 6B: COMMUNITY CONNECTION, A NOT-FOR-PROFIT LOCAL AGENCY IN ATHENS, GA, WAS CONTRACTED TO HELP FACILITATE THE CHNA PROCESS AND DATA COLLECTION.

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B LINE 7A:
GOOD SAMARITAN HOSPITAL CHNA URL:
WWW.STMARYSGOODSAM.ORG/ABOUT-US/COMMUNITY-BENEFIT

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B LINE 10A:
GOOD SAMARITAN HOSPITAL STRATEGY URL:
WWW.STMARYSGOODSAM.ORG/ABOUT-US/COMMUNITY-BENEFIT

GOOD SAMARITAN HOSPITAL:

PART V, SECTION B, LINE 11: THE CHNA CONDUCTED IN FISCAL YEAR 2016 IDENTIFIED 10 SIGNIFICANT HEALTH NEEDS WITHIN THE ST. MARY'S HEALTH CARE
SYSTEM'S COMMUNITY. THOSE NEEDS WERE THEN PRIORITIZED BASED ON THE

REACTION AND REFLECTION TO THE FOLLOWING QUESTIONS: WHAT IS THE SEVERITY

OR PREVALENCE IN YOUR COMMUNITY? IS THIS A HEALTH NEED YOU CAN ADDRESS? DO

YOU HAVE THE NEEDED EXPERTISE, RESOURCES, AND PARTNERS? ARE YOU ALREADY

ADDRESSING THIS NEED? AND DO YOU HAVE THE ABILITY TO MAKE AND SHOW IMPACT?


THE FOLLOWING NEEDS WERE RECOGNIZED BY ST. MARY’S HEALTH CARE SYSTEM'S

LEADERSHIP COMMITTEE AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED

TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY.


ACCESS TO CARE – IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL CONTINUED TO

SUPPORT TENDERCARE CLINIC AND ST. MARY'S MEDICAL GROUP IN THE EFFORT TO

RECRUIT PRIMARY CARE PHYSICIANS. ST. MARY'S GOOD SAMARITAN HOSPITAL

PARTNERED WITH AUGUSTA UNIVERSITY/UNIVERSITY OF GEORGIA MEDICAL TO PROVIDE

A RURAL ROTATION FOR RESIDENT PHYSICIANS, WHICH INCLUDES A HOSPITAL AS

WELL AS PHYSICIAN PRACTICES. THE RESIDENT PHYSICIANS PRACTICE AT GOOD

SAMARITAN HOSPITAL AND TENDERCARE CLINIC. AFTER THE RESIDENTS COMPLETE

THEIR ROTATION, IT IS HOPED THEY WILL RETURN AND PRACTICE IN GREENE

COUNTY.


CANCER – IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL OFFERED 40 NO-COST

MAMMOGRAMS IN THE MONTH OF OCTOBER. OUT OF 32 PATIENTS THAT RECEIVED 3D

MAMMOGRAMS, TWO WERE CALLED BACK FOR FURTHER DIAGNOSTIC TESTING. OF THESE

TWO WOMEN, THERE WAS ONE FOUND TO HAVE BREAST CANCER. RECOMMENDATIONS AND

FOLLOW-UPS WERE MADE WITH A PHYSICIAN FOR THE OTHER WOMEN. THE POWER OF

ONE COMMUNITY EVENT WAS ALSO HELD IN OCTOBER TO SPREAD AWARENESS TO THE

COMMUNITY ABOUT THE IMPORTANCE OF ANNUAL MAMMOGRAMS AND EARLY DETECTION.


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2017.05060 GOOD SAMARITAN HOSPITAL, INC.
GOOD SAMARITAN HOSPITAL HAS CONTINUED A STRONG STANDING RELATIONSHIP WITH
THE FOLLOWING PARTNERS: TENDERCARE CLINIC, GREENE COUNTY HEALTH
DEPARTMENT, AND GREENE COUNTY FAMILY CONNECTION.

CEREBROVASCULAR HEALTH, DIABETES AND OBESITY, AND CARDIOVASCULAR HEALTH –
GOOD SAMARITAN HOSPITAL CONTINUED OFFERING DIABETES EDUCATION CLASSES TO
THE COMMUNITY IN FISCAL YEAR 2018. THE CLASSES ARE OFFERED TWICE A YEAR
AND TAUGHT BY CERTIFIED PEER EDUCATORS. THIS CLASS IS A SIX-WEEK COURSE
FULL OF GREAT INFORMATION ABOUT DIABETES. WALK TO WELLNESS IS ALSO A
SIX-WEEK PROGRAM THAT IS OFFERED TWICE A YEAR. THIS PROGRAM WAS CREATED
TO BE ABLE TO IMPACT THE OVERALL HEALTH OF THE PARTICIPANT JUST BY WALKING
DAILY. THE PARTICIPANTS ARE ABLE TO COMMIT TO WALKING FOR AT LEAST TWO OUT
OF FIVE DAYS A WEEK. PARTICIPANTS ARE GIVEN A PRE- AND POST-TEST TO BE
ABLE TO COMPARE RESULTS. THESE TESTS INCLUDE GLUCOSE TESTING, BLOOD
PRESSURE CHECKS, CHOLESTEROL, AND BODY MASS INDEX. THE FOCUS IS TO
INCREASE THEIR WALKING DISTANCE OVER TIME WHILE TRACKING PROGRESS. EVERY
WEEK THERE WAS A HEALTH TOPIC DISCUSSED BY A GUEST SPEAKER.

GOOD SAMARITAN HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH
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. THEREFORE,
GOOD SAMARITAN HOSPITAL WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH
NEEDS:
- RESPIRATORY HEALTH: THE HOSPITAL WILL BE PARTICIPATING IN THE ST.
MARY'S HEALTH SYSTEMWIDE RESPIRATORY HEALTH INITIATIVE.
- MENTAL HEALTH AND SUBSTANCE ABUSE: THE HOSPITAL WILL BE PARTICIPATING

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

IN THE ST. MARY'S HEALTH SYSTEMWIDE INITIATIVE ON THIS PRIORITY NEED.

THERE IS A STATEWIDE LIMITATION OF RESOURCES FOR TREATMENT AND THERE ARE

ALREADY OTHER NOT-FOR-PROFIT ORGANIZATIONS IN THE AREA PROVIDING MENTAL

HEALTH CARE.

- INJURY PREVENTION AND SAFETY: THE HOSPITAL PARTICIPATES IN INDUSTRY

SAFETY FAIRS AS WELL AS IN THE COUNTY BIKE SAFETY PROGRAM. HOWEVER, TO BE

ABLE TO ADDRESS THIS NEED, THE HOSPITAL WILL NEED MORE DATA AND

INFORMATION SINCE IT SEEMS THAT MANY OF THE INCIDENTS ARE SEASONAL

(SUMMER) AND DUE TO BOAT ACCIDENTS AND TRANSIENT POPULATION.

- MATERNAL AND INFANT HEALTH: THE HOSPITAL HAS PARTNERSHIPS WITH

TENDERCARE CLINIC, FIRST CALL PREGNANCY CENTER, AND ATHENS OB/GYN. ALSO,

THE COUNTY HAS AN ESTABLISHED PUBLIC HEALTH WOMEN, INFANTS AND CHILDREN

(WIC) PROGRAM DEPARTMENT.

- HIV/AIDS AND STDS: THE LOCAL PUBLIC HEALTH DEPARTMENT IS ADDRESSING THIS

NEED IN THE COMMUNITY. THE HOSPITAL PROVIDES REFERRALS.

GOOD SAMARITAN HOSPITAL:

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

ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON

AVAILABLE INFORMATION. EXAMPLES OF PRESumptive CASES INCLUDE: DECEASED

PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS,

NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING

FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF

RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO

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

FOR THE 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.

GOOD SAMARITAN HOSPITAL

PART V, LINE 16A, FAP WEBSITE:
WWW.STMARYSGOODSAM.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

GOOD SAMARITAN HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.STMARYSGOODSAM.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

GOOD SAMARITAN HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.STMARYSGOODSAM.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE
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? 0

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<th>Name and address</th>
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Schedule H (Form 990) 2017
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.

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**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:**

GOOD SAMARITAN 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, GOOD SAMARITAN 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
CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS
DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER
CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST
ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $2,635,281, 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:

GOOD SAMARITAN HOSPITAL PARTICIPATES IN A VARIETY OF COMMUNITY BUILDING
ACTIVITIES THAT STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH
AND WELL-BEING OF ITS RESIDENTS.

ECONOMIC DEVELOPMENT – IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL
PARTICIPATED IN HABITAT FOR HUMANITY BUILD DAY. THIS DAY CONSISTED OF
DIRECTORS AND ADMINISTRATION STAFF BUILDING HOMES FOR HABITAT. HABITAT
FOR HUMANITY HAS HELPED BUILD HOMES FOR MANY PEOPLE IN THIS COMMUNITY.

WORKFORCE DEVELOPMENT – IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL'S
DIRECTOR OF COMMUNITY OUTREACH AND THE OUTREACH COORDINATOR BOTH SERVED ON
THE GREENE COLLEGE & CAREER ACADEMY ADVISORY COMMITTEE. THE GREENE
COLLEGE & CAREER ACADEMY HAS STRONG INTEREST IN THE HEALTHCARE INDUSTRY
SINCE IT IS THE THIRD LARGEST INDUSTRY IN GREENE COUNTY. THE PURPOSE OF
THIS ACADEMY IS TO GENERATE A SKILLED AND WORK-READY WORKFORCE, WHETHER A
STUDENT CHOOSES TO ATTEND COLLEGE, START THEIR CAREER, OR JOIN THE MILITARY AFTER GRADUATING HIGH SCHOOL.

SEVERAL DEPARTMENTS WITHIN THE HOSPITAL ARE INVOLVED IN MENTORING STUDENTS WHO ARE INTERESTED IN HEALTH CARE CAREERS. IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL'S DIRECTOR OF COMMUNITY OUTREACH AND ADMINISTRATIVE SERVICES CONTINUED A PARTNERSHIP WITH THE GREENSBORO EXPLORER'S PROGRAM. THE GREENSBORO EXPLORER'S PROGRAM IS A PARTNERSHIP WITH LOCAL HIGH SCHOOLS TO PROVIDE SHADOWING OPPORTUNITIES AND CAREER DEVELOPMENT IN THE MEDICAL FIELD. THE OBJECTIVE OF THIS PROGRAM IS TO PROVIDE INSIGHT TO STUDENTS INTERESTED IN GOING INTO THE MEDICAL FIELD. THE PROGRAM IS A PARTNERSHIP BETWEEN THE BOY SCOUTS OF AMERICA AND AREA HIGH SCHOOLS.

IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL PARTNERED WITH GEORGIA COLLEGE & STATE UNIVERSITY TO ALLOW ITS COMMUNITY HEALTH STUDENTS TO INTERN AT OUR FACILITY. THE STUDENTS ARE ABLE TO WORK WITH THE DIRECTOR OF COMMUNITY OUTREACH AND THE OUTREACH COORDINATOR IN THE COMMUNITY TO HELP FIND NEW WAYS TO REACH THE PEOPLE IN THE AREA.

GOOD SAMARITAN HOSPITAL ALSO PROVIDED OPPORTUNITIES TO THE LOCAL HIGH SCHOOLS. "WORK BASED LEARNING" IS AN EDUCATIONAL STRATEGY THAT PROVIDES STUDENTS WITH REAL-LIFE WORK EXPERIENCES WHERE THEY CAN APPLY ACADEMIC AND TECHNICAL SKILLS AND DEVELOP THEIR EMPLOYABILITY. THE STUDENTS ARE ABLE TO SHADOW THE STAFF IN THE DEPARTMENT THAT THEY ARE INTERESTED IN. THE STUDENTS DEDICATE AT LEAST 10 HOURS PER WEEK FOR THE ENTIRE SCHOOL YEAR.

COMMUNITY SUPPORT – GOOD SAMARITAN HOSPITAL'S DIRECTOR OF COMMUNITY OUTREACH AND ADMINISTRATIVE SERVICES SERVES AS A ROTARIAN FOR...
GOOD SAMARITAN HOSPITAL, INC.  26-1720984

GREENE-PUTNAM COUNTIES. SHE ALSO SERVES ON THE ROTARY BOARD AND CHAIRS THE COMMUNITY INVOLVEMENT COMMITTEE. SHE IS INVOLVED IN OTHER COMMUNITY EVENTS SUCH AS THE SECOND HARVEST FOOD DISTRIBUTION AND RIVER ALIVE. THE DIRECTOR OF COMMUNITY OUTREACH AND ADMINISTRATIVE SERVICES SERVES ON THE ADVISORY BOARD AND GOVERNANCE BOARD FOR UNITED WAY OF NORTHEAST GEORGIA. THE MISSION OF UNITED WAY IS TO ENSURE THAT EVERY MAN, WOMAN, AND CHILD HAS ACCESS TO QUALITY EDUCATION, FINANCIAL STABILITY AND A HEALTHY LIFESTYLE. HER OTHER INVOLVEMENT INCLUDES SERVING ON THE BOARD OF THE GREENE COLLEGE AND CAREER ACADEMY.

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:

GOOD SAMARITAN 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, GOOD SAMARITAN HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, GOOD SAMARITAN HOSPITAL...
GOOD SAMARITAN HOSPITAL, INC.  26-1720984

IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:


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:

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

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE
OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON
MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH
EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE
CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE
DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES
FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON
COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION
PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR
FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT
QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING
BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY.
THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT
PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND
FEDERAL REGULATIONS.

PART VI, LINE 2:
NEEDS ASSESSMENT -
GOOD SAMARITAN HOSPITAL ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN
PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - GOOD SAMARITAN 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.

GOOD SAMARITAN HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS
GOOD SAMARITAN HOSPITAL, INC.  26-1720984  Page 10

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.

GOOD SAMARITAN HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING,
COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. GOOD
SAMARITAN 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 -

GREENE COUNTY HAD AN ESTIMATED POPULATION OF 16,490 IN 2014, REPRESENTING
A 3.1% GROWTH BETWEEN 2010 AND 2014. THE COUNTY'S POPULATION DENSITY IS
ONE OF THE LOWEST IN THE HOSPITAL'S SERVICE AREA WITH APPROXIMATELY 41
PERSONS PER SQUARE MILE IN THE COUNTY'S 387.44 SQUARE MILES. THE FIVE
CITIES OF GREENSBORO, SILOAM, UNION POINT, WHITE PLAINS, AND WOODVILLE ARE
WITHIN GREENE COUNTY, AND GREENSBORO SERVES AS THE COUNTY SEAT. GREENE
COUNTY IS ONE THE MOST DIVERSE COUNTIES IN THE HOSPITAL'S SERVICE AREA,
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Part VI Supplemental Information (Continuation)

WITH 36.9% AFRICAN-AMERICANS AND 6.3% HISPANICS OR LATINOS. OF GREENE COUNTY RESIDENTS, 25% ARE OVER AGE 65, A VALUE TWICE THE STATE RATE, MAKING IT AMONG THE OLDER COUNTIES IN THE SERVICE AREA.

THOUGH GREENE COUNTY'S MEDIAN HOUSEHOLD INCOME ($42,565) RANKED EIGHTH HIGHEST AMONG CATCHMENT AREA COUNTIES, THE UNEMPLOYMENT RATE IN GREENE (8.6%) WAS FIFTH WORST IN THE SAME AREA. JUST UNDER 40% OF GREENE COUNTY'S CHILDREN LIVE IN POVERTY, AND THE COUNTY REPORTED THE HIGHEST FREE AND REDUCED LUNCH PERCENTAGE IN THE AREA IN 2014 (98.6%). THE PERCENTAGE OF ADULTS LIVING IN POVERTY WAS ALSO WORSE THAN THE STATE, WITH 21.35% OF ADULTS LIVING BELOW THE POVERTY LINE.

IN THE 2010 AMERICAN COMMUNITY SURVEY, ONLY 78.7% OF GREENE COUNTY ADULTS REPORTED HAVING AT LEAST GRADUATED HIGH SCHOOL, RANKING GREENE EIGHTH WORST AMONG CHNA COUNTIES ON THIS INDICATOR. IN ADDITION, 8.4% OF GREENE COUNTY'S POPULATION HAS LESS THAN A NINTH GRADE EDUCATION. ON THE OTHER HAND, 21% OF INDIVIDUALS POSSESS AT LEAST A BACHELOR'S DEGREE, FOURTH HIGHEST AMONG COUNTIES IN THE SERVICE AREA. ADDITIONALLY, OF THE 17 COUNTIES, GREENE COUNTY HAS THE HIGHEST NUMBER OF 3- AND 4-YEAR-OLDS ENROLLED IN PRESCHOOL, WITH ONLY 21.4% NOT ENROLLED. GREENE'S 2014 FOUR-YEAR COHORT GRADUATION RATE, AT 65.1%, WAS SECOND WORST AMONG CHNA COUNTIES AND AMONG THE LOWEST SYSTEM RATES IN THE STATE. GREENE COUNTY WAS ALSO THE ONLY COUNTY WITHIN WHICH THE GRADUATION RATE FOR BLACK STUDENTS WAS HIGHER THAN FOR WHITES, AT 65.9% AND 50%, RESPECTIVELY.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

GOOD SAMARITAN HOSPITAL IS GUIDED BY THE ST. MARY'S HEALTH CARE SYSTEM
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MISSION OF IMPROVING THE HEALTH OF THE PEOPLE OF OUR COMMUNITIES. GOOD SAMARITAN HOSPITAL IS A 25-BED CRITICAL ACCESS HOSPITAL ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS. THE HOSPITAL OFFERS A WIDE RANGE OF SERVICES, INCLUDING GENERAL SURGERY AND A 24-HOUR EMERGENCY DEPARTMENT THAT IS OPEN TO SERVE ALL WHO ARE IN NEED OF EMERGENT CARE, REGARDLESS OF THEIR ABILITY TO PAY. AS A ST. MARY'S HEALTH CARE SYSTEM HOSPITAL, WE ARE ABLE TO BRING SPECIALTY SERVICES TO COMMUNITY MEMBERS CONVENIENTLY LOCATED CLOSE TO HOME, PROVIDED BY A NETWORK OF PHYSICIANS. WE ALSO CAN PROVIDE COMMUNITY MEMBERS WITH ACCESS TO THE EXPERTISE AND SPECIALTY SERVICES AT ST. MARY'S HOSPITAL IN ATHENS WHEN THEY REQUIRE CARE NOT AVAILABLE LOCALLY.

COMMUNITY BENEFIT IS THE WAY IN WHICH GOOD SAMARITAN HOSPITAL CARRIES OUT ITS MISSION. IT IS HOW WE DEMONSTRATE A COMMITMENT TO OUR CORE VALUES AND A REFLECTION OF HOW WE SERVE OUR COMMUNITY AS A NOT-FOR-PROFIT ORGANIZATION. GOOD SAMARITAN HOSPITAL OFFERS MANY PROGRAMS AND SERVICES TO ENSURE THE BEST QUALITY OF CARE IS GIVEN TO OUR PATIENTS AND TO HELP THOSE IN NEED WHO MAY NEVER ENTER OUR FACILITIES. THROUGH OUR HEALTH EDUCATION PROGRAMS, HEALTH CARE SUPPORT SERVICES, VALUED COMMUNITY PARTNERSHIPS, AND CHARITY CARE PROVISIONS, GOOD SAMARITAN HOSPITAL IS IMPROVING THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES THAT MAKE UP OUR COMMUNITY.

EACH YEAR GOOD SAMARITAN HOSPITAL WELCOMES STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDying TO BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. THE STAFF OF GOOD SAMARITAN HOSPITAL SPENDS COUNTLESS HOURS MENTORING AND EDUCATING THESE STUDENTS IN THE UNIQUE SETTINGS OF A HEALTH CARE FACILITY. THE EXPERIENCE AND KNOWLEDGE GAINED THROUGH THESE
GOOD SAMARITAN HOSPITAL COLLABORATES WITH COMMUNITIES, CHURCHES, BUSINESSES, AND OTHER HEALTH CARE ORGANIZATIONS TO FACILITATE AND STRENGTHEN ACCESSIBILITY OF QUALITY COMPREHENSIVE HEALTH CARE SERVICES FOR ALL, PARTICULARLY THE VULNERABLE AND UNDERSERVED POPULATIONS. IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL'S EMPLOYEES DONATED THEIR TIME AND EXPERTISE TO ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH. THE EMPLOYEES PROVIDED BLOOD PRESSURE SCREENING FOR COMMUNITY MEMBERS FREE OF CHARGE AND GAVE PRESENTATIONS ON THE SIGNS AND SYMPTOMS OF STROKE TO COMMUNITY MEMBERS. GOOD SAMARITAN HOSPITAL ALSO PROVIDED CASH AND IN-KIND DONATIONS TO NUMEROUS ORGANIZATIONS AND COMMUNITY EVENTS, INCLUDING THE GREENE COUNTY HABITAT FOR HUMANITY AND THE KNIGHTS OF COLUMBUS.

GOOD SAMARITAN HOSPITAL HAS ALSO CONTINUED A NEWER PROGRAM CALLED WALK TO WELLNESS. THE HOSPITAL PARTNERED WITH TENDERCARE CLINIC TO DEVELOP A GROUP OF 15 INDIVIDUALS WHO MET DAILY TO WALK IN ORDER TO IMPROVE THEIR OVERALL HEALTH. THE GROUP MET EVERY DAY AT THE LOCAL HIGH SCHOOL TRACK AND WALKED AT LEAST TWO LAPS. BEFORE PARTICIPATION IN THE GROUP, PRE-TESTS WERE AVAILABLE, CONSISTING OF BODY MASS INDEX, BLOOD PRESSURE, AND GLUCOSE AND CHOLESTEROL TESTING. THE PARTICIPANTS TRACKED THEIR DAILY NUMBER OF LAPS AND AT THE END OF THE PROGRAM THE PARTICIPANTS' BMI AND GLUCOSE AND CHOLESTEROL LEVELS WERE TESTED AGAIN FOR COMPARISON. THIS PROGRAM HAD GREAT RESULTS AND GOOD SAMARITAN PLANS TO CONTINUE THIS PROGRAM IN THE COMING YEARS.

IN FISCAL YEAR 2018, GOOD SAMARITAN HOSPITAL AND TENDERCARE CLINIC, A
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FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CONTINUED THEIR JOINT COMMUNITY BREAST CANCER AWARENESS PROGRAM TO INCREASE EARLY DIAGNOSIS AND DETECTION OF BREAST CANCER IN GREENE COUNTY. AWARENESS IS SPREAD THROUGH EDUCATIONAL CLASSES, EVENTS, AND THE PINK OUT DAY WHICH IS THE THIRD FRIDAY OF OCTOBER EACH YEAR.

GOOD SAMARITAN HOSPITAL IS GOVERNED BY A BOARD OF DIRECTORS COMMITTED TO THE VALUES OF THE SYSTEM AND TO ENSURING THAT GOOD SAMARITAN HOSPITAL CONTINUES ITS MISSION OF BEING A COMPASSIONATE, HEALING PRESENCE IN OUR COMMUNITY. GOOD SAMARITAN HOSPITAL HAS A NINE-MEMBER BOARD COMPRISED OF A MAJORITY OF COMMUNITY MEMBERS.

PART VI, LINE 6:
GOOD SAMARITAN 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 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.