**Hospitals**

**Name of the organization:** MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA

**Employer identification number:** 23-1352191

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**7 Financial Assistance and Certain Other Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>34</td>
<td>21,212</td>
<td>180,149</td>
<td>180,149</td>
<td>.06%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td></td>
<td>115,871,338</td>
<td>145,775,710</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td>120,705,499</td>
<td>145,775,710</td>
<td>1.49%</td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>34</td>
<td>21,212</td>
<td>180,149</td>
<td>180,149</td>
<td>.06%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>3</td>
<td>1,118</td>
<td>884</td>
<td>884</td>
<td>.00%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>6</td>
<td></td>
<td>17,300,793</td>
<td>17,300,793</td>
<td>5.35%</td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>1</td>
<td>1,200</td>
<td>237</td>
<td>237</td>
<td>.00%</td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>44</td>
<td>23,530</td>
<td>17,482,063</td>
<td>17,482,063</td>
<td>5.41%</td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td>44</td>
<td>23,530</td>
<td>138,187,562</td>
<td>145,775,710</td>
<td>6.90%</td>
</tr>
</tbody>
</table>

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732091 11-28-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2017

2017.05060 MERCY CATHOLIC MEDICAL CENT 63281

09200515 794151 6328
## 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></th>
<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</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>2</td>
<td>8</td>
<td>3,670.</td>
<td>3,670.</td>
<td>.00%</td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>2</td>
<td>8</td>
<td>3,670.</td>
<td>3,670.</td>
<td>.00%</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  No  
   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  
   $22,493,395.

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)  
   $60,365,479.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   $57,898,723.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   $2,466,756.

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?  
   Yes  No  
   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)

<table>
<thead>
<tr>
<th></th>
<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>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2017

40

09200515 794151 6328 2017.05060 MERCY CATHOLIC MEDICAL CENT 63281
### 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? 2

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>#</th>
<th>Facility Name</th>
<th>Address</th>
<th>Website</th>
<th>License Number</th>
<th>Type(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MERCY FITZGERALD HOSPITAL</td>
<td>1500 LANSDOWNE AVE, DARBY, PA 19023</td>
<td><a href="http://WWW.MERCYHEALTH.ORG/LOCATIONS/391901">WWW.MERCYHEALTH.ORG/LOCATIONS/391901</a></td>
<td>X</td>
<td>Licensed hospital, Children's hospital, Critical access hospital, ER-24 hours, Other (describe)</td>
</tr>
<tr>
<td>2</td>
<td>MERCY PHILADELPHIA HOSPITAL</td>
<td>501 S 54TH STREET, PHILADELPHIA, PA 19143</td>
<td><a href="http://WWW.MERCYHEALTH.ORG/LOCATIONS/136001">WWW.MERCYHEALTH.ORG/LOCATIONS/136001</a></td>
<td>X</td>
<td>Licensed hospital, Children's hospital, Critical access hospital, ER-24 hours, Other (describe)</td>
</tr>
</tbody>
</table>
**Part V Facility Information (continued)**

Name of hospital facility or letter of facility reporting group: **MERCY FITZGERALD HOSPITAL**

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Health Needs Assessment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>1</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>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 &quot;No,&quot; skip to line 12 If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a X A definition of the community served by the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b X Demographics of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c X Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d X How data was obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e X The significant health needs of the community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g X The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h X The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i X The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; 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</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6a Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>6a</td>
<td>X</td>
</tr>
<tr>
<td>6b Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>6b</td>
<td>X</td>
</tr>
<tr>
<td>7 Did the hospital facility make its CHNA report widely available to the public? If &quot;Yes,&quot; indicate how the CHNA report was made widely available (check all that apply):</td>
<td>7</td>
<td>X</td>
</tr>
<tr>
<td>a X Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b X Other website (list url):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c X Made a paper copy available for public inspection without charge at the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>8</td>
<td>X</td>
</tr>
<tr>
<td>9 Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>10 Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>10</td>
<td>X</td>
</tr>
<tr>
<td>a If &quot;Yes,&quot; (list url): SEE SCHEDULE H, PART V, SECTION C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;No,&quot; is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>c If &quot;Yes&quot; 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? $</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group **MERCY FITZGERALD HOSPITAL**

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? ........................................... 13 X

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? ........................................................................................................... 14 X

15 Explained the method for applying for financial assistance? ........................................................................................................................... 15 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):

- [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
- [X] 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? ............................................................................................................... 16 X

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, SECTION C
- [X] The FAP application form was widely available on a website (list url): SEE PART V, SECTION C
- [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C
- [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)
**Part V Facility Information (continued)**

**Billing and Collections**

**Policy Relating to Emergency Medical Care**

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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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:

- 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

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?  

- 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)  

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)  

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):

- 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

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?  

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)  

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**Schedule H (Form 990) 2017**

**MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA**

23-1352191

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732096 11-28-17

09200515 794151 6328 2017.05060 MERCY CATHOLIC MEDICAL CENT 63281
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

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

**MERCY FITZGERALD HOSPITAL**

<table>
<thead>
<tr>
<th>22.</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td><strong>X</strong> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b.</td>
<td><strong>☐</strong> 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>
</tr>
<tr>
<td>c.</td>
<td><strong>☐</strong> 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>
</tr>
<tr>
<td>d.</td>
<td><strong>☐</strong> The hospital facility used a prospective Medicare or Medicaid method</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? **X**

If "Yes," explain in Section C.

**24.** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **X**

If "Yes," explain in Section C.
### 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)

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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?  
   - Yes: X  
   - No: 

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  
   - Yes: X  
   - No: 

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  
   - Yes: X  
   - No: 

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

4. Indicate the tax year the hospital facility last conducted a CHNA: 2015  

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  
   - Yes: X  
   - No: 

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  
   - Yes: X  
   - No: 

6b. Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C  
   - Yes: X  
   - No: 

7. Did the hospital facility make its CHNA report widely available to the public?  
   - Yes: X  
   - No: 

   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   - Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C  
   - Other website (list url): 
   - Made a paper copy available for public inspection without charge at the hospital facility: X  
   - 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  
   - Yes: X  
   - No: 

9. Indicate the tax year the hospital facility last adopted an implementation strategy: 2015  

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?  
    - Yes: X  
    - No: 

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(c)(3)?  
    - Yes: X  
    - No: 

12b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  
    - Yes: X  
    - No: 

12c. 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? $
## Financial Assistance Policy (FAP)

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

**MERCY PHILADELPHIA HOSPITAL**

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**Did the hospital facility have in place during the tax year a written financial assistance policy that:**

1. **Explain eligibility criteria for financial assistance, and whether such assistance included free or discounted care?**
   
   **If "Yes," indicate the eligibility criteria explained in the FAP:**
   
   - **a** 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%**
   
   - **b** Income level other than FPG (describe in Section C)
   
   - **c** Asset level
   
   - **d** Medical indigency
   
   - **e** Insurance status
   
   - **f** Underinsurance status
   
   - **g** Residency
   
   - **h** Other (describe in Section C)

---

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

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

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

---

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

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

- **a** The FAP was widely available on a website (list url): **SEE PART V, SECTION C**
- **b** The FAP application form was widely available on a website (list url): **SEE PART V, SECTION C**
- **c** A plain language summary of the FAP was widely available on a website (list url): **SEE PART V, SECTION C**
- **d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- **e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- **f** 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** 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** Notified members of the community who are most likely to require financial assistance about availability of the FAP
- **i** The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- **j** Other (describe in Section C)
Billing and Collections

Name of hospital facility or letter of facility reporting group  MERCY PHILADELPHIA HOSPITAL

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?  

   a)  Reporting to credit agency(ies)
   b)  Selling an individual’s debt to another party
   c)  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)  Actions that require a legal or judicial process
   e)  Other similar actions (describe in Section C)
   f)  X  None of these actions or other similar actions were permitted

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

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?

   a)  Reporting to credit agency(ies)
   b)  Selling an individual’s debt to another party
   c)  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)  Actions that require a legal or judicial process
   e)  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)  X  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
   b)  X  Made a reasonable effort to orally notify individuals about the FAP and FAP application process
   c)  X  Processed incomplete and complete FAP applications
   d)  X  Made presumptive eligibility determinations
   e)  X  Other (describe in Section C)
   f)  X  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?

   a)  X  The hospital facility did not provide care for any emergency medical conditions
   b)  X  The hospital facility’s policy was not in writing
   c)  X  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
   d)  X  Other (describe in Section C)
Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group  MERCY PHILADELPHIA HOSPITAL

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 ☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b ☐ 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 ☐ 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 ☐ 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.

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.
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.

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MERCY FITZGERALD HOSPITAL:

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


MERCY FITZGERALD HOSPITAL IDENTIFIED 15 UNMET NEEDS:

- ACCESS TO HEALTH CARE FOR LOW INCOME RESIDENTS, OLDER ADULTS, AND THE UNINSURED
- PRESCRIPTION DRUG COVERAGE FOR LOW INCOME AND OLDER ADULTS
- THE LARGE OF PERCENTAGE OF OLDER ADULTS IN POOR HEALTH
- ACCESS TO HEALTH CARE FOR IMMIGRANTS
- MENTAL AND BEHAVIORAL HEALTH CARE FOR RESIDENTS
- FIRST LEADING CAUSE OF DEATH AMONG RESIDENTS: CANCER
- SMOKING PREVENTION, INTERVENTIONS, AND CESSATION PROGRAMS
- PREVALENCE OF HIGH BLOOD PRESSURE, WHICH IS A RISK FACTOR FOR HEART DISEASE AND STROKE
- SECOND LEADING CAUSE OF DEATH: HEART DISEASE
- THIRD LEADING CAUSE OF DEATH: STROKE
- HIGHER PERCENTAGE OF OVERWEIGHT AND OBESE CHILDREN AND ADULTS
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.

- CASES OF DIABETES AMONG ADULT RESIDENTS

- ACCESS TO DENTAL CARE

- ACCESS TO PRENATAL AND NATAL CARE FOR WOMEN AND INFANTS

- HOMELESS - HEALTH CARE

MERCY PHILADELPHIA HOSPITAL:

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


MERCY PHILADELPHIA HOSPITAL IDENTIFIED 15 UNMET NEEDS:

- ACCESS TO HEALTH CARE FOR LOW INCOME RESIDENTS, OLDER ADULTS, AND THE UNINSURED

- PRESCRIPTION DRUG COVERAGE FOR LOW INCOME AND OLDER ADULTS

- ACCESS TO HEALTH CARE FOR IMMIGRANTS

- MENTAL AND BEHAVIORAL HEALTH CARE FOR RESIDENTS

- FIRST LEADING CAUSE OF DEATH AMONG RESIDENTS: CANCER

- SMOKING PREVENTION, INTERVENTIONS, AND CESSATION PROGRAMS

- PREVALENCE OF HIGH BLOOD PRESSURE, WHICH IS A RISK FACTOR FOR HEART DISEASE AND STROKE
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.

- SECOND LEADING CAUSE OF DEATH: HEART DISEASE
- THIRD LEADING CAUSE OF DEATH: STROKE
- HIGHER PERCENTAGE OF OVERWEIGHT AND OBESE CHILDREN AND ADULTS
- CASES OF DIABETES AMONG ADULT RESIDENTS
- NUTRITION AND HEALTHY FOOD ACCESS
- ACCESS TO DENTAL CARE
- ACCESS TO PRENATAL AND NATAL CARE FOR WOMEN AND INFANTS
- HOMELESS - HEALTH CARE

MERCY FITZGERALD HOSPITAL:

PART V, SECTION B, LINE 5: THIS INPUT WAS SOLICITED FROM 51 COMMUNITY REPRESENTATIVES FOR THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WITHIN THE SERVICE AREA AND FROM THE ACTING DIRECTOR OF THE DELAWARE COUNTY DEPARTMENT OF INTERCOMMUNITY HEALTH. POTENTIAL PARTICIPANTS FOR THE MEETINGS WERE IDENTIFIED BY MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA (MERCY HEALTH SYSTEM) AND MERCY FITZGERALD HOSPITAL STAFF WORKING WITH PUBLIC HEALTH MANAGEMENT CORPORATION, AND INVITED BY MAIL OR ELECTRONIC MAIL TO ATTEND THE MEETING.

- THE INPUT WAS RECEIVED AT THE COMMUNITY MEETING ON JUNE 25, 2015 AT THE DELAWARE COUNTY COMMUNITY COLLEGE IN MEDIA, PA AND IN AN INTERVIEW WITH THE ACTING DIRECTOR ON DECEMBER 11, 2015 FROM THE DELAWARE COUNTY DEPARTMENT OF INTERCOMMUNITY HEALTH.

- ANYONE WHO COULD NOT ATTEND WAS INVITED TO SEND WRITTEN COMMENTS AT ANY TIME.
LISTED BELOW, AND INCLUDED LOCAL GOVERNMENT, PUBLIC HEALTH EXPERTS, AND MEMBERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.

ORGANIZATIONS REPRESENTING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS:

- BLESSED VIRGIN MARY CHURCH, PARISH NURSING PROGRAM
- UNITED WAY OF GREATER PHILADELPHIA AND S. JERSEY
- SENIOR COMMUNITY SERVICES
- HOLCOMB BEHAVIORAL HEALTH SERVICES
- LIFE CENTER OF EASTERN DELAWARE COUNTY
- YMCA OF LANSDOWNE
- COMFORT KEEPERS
- MULTI-CULTURAL FAMILY SERVICES
- DELMAR PHARMACY
- DELAWARE COUNTY MEMORIAL HOSPITAL
- CROZER KEYSTONE HEALTH SYSTEM, COMMUNITY HEALTH EDUCATION
- CROZER KEYSTONE HEALTHY START
- CROZER KEYSTONE HEALTH SYSTEM, BEHAVIORAL HEALTH
- CHESPENN HEALTH SERVICES
- DOMESTIC ABUSE PROJECT
- FAMILY SUPPORT LINE
- PUBLIC CITIZENS FOR CHILDREN AND YOUTH
- MERCY FITZGERALD HOSPITAL
- MERCY LIFE
- MERCY FITZGERALD AND MERCY PHILADELPHIA HOSPITALS, DIR. OF ONCOLOGY
- WILLIAM PENN 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.

UPPER DARBY SENIOR CENTER

MERCY FITZGERALD HOSPITAL, DIR. OF COMMUNITY OUTREACH RELATIONS

MERCY HEALTH SYSTEM, SEPA

GOODWILL OF DELAWARE AND DELAWARE COUNTY

NEUMANN AND PA HEALTH COALITION

MERCY HOME HEALTH

PUBLIC HEALTH CONSULTANT

PATHWAYS PA

CATHOLIC SOCIAL SERVICES, CHESTER, PA

PA CAREERLINK

HEALTH PARTNERS PLAN

KEYSTONE FIRST

LOCAL GOVERNMENT:

DELAWARE COUNTY DEPARTMENT OF PUBLIC WELFARE

DELAWARE COUNTY OFFICES OF SERVICES FOR THE AGING

DELAWARE COUNTY DEPARTMENT OF INTERCOMMUNITY HEALTH

DELAWARE COUNTY OFFICE OF BEHAVIORAL HEALTH

PHILADELPHIA DEPARTMENT OF PUBLIC WELFARE

DELAWARE COUNTY PLANNING DEPARTMENT

DELAWARE COUNTY INTERMEDIATE UNIT

DELAWARE COUNTY

PUBLIC HEALTH EXPERTS:

MONTGOMERY COUNTY HEALTH DEPARTMENT

CHESTER COUNTY HEALTH DEPARTMENT

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
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.

DELAWARE COUNTY MEDICAL SOCIETY

MERCY PHILADELPHIA HOSPITAL:


- ANYONE WHO COULD NOT ATTEND WAS INVITED TO SEND WRITTEN COMMENTS AT ANY TIME.

THE COMMUNITY MEMBERS ATTENDING THE MEETING REPRESENTED THE ORGANIZATIONS LISTED BELOW, AND INCLUDED LOCAL GOVERNMENT, PUBLIC HEALTH EXPERTS, AND MEMBERS AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.

ORGANIZATIONS REPRESENTING MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY
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.

**POPULATIONS:**

THE ENTERPRISE CENTER, CDC

PHILADELPHIA CORPORATION FOR AGING, INTERFAITH OUTREACH

WHARTON–WESLEY UNITED METHODIST CHURCH

SICKLE CELL DISEASE ASSOCIATION OF AMERICA, PHILADELPHIA DELAWARE VALLEY CHAPTER

MERCY PHILADELPHIA HOSPITAL

ST. IGNATIUS NURSING AND REHABILITATION CENTER

MERCY HOME HEALTH

PHILADELPHIA FIRE DEPARTMENT, COMMUNITY RISK REDUCTION

RESOURCES FOR HUMAN DEVELOPMENT

**LOCAL GOVERNMENT:**

PHILADELPHIA FIRE DEPARTMENT, COMMUNITY RISK REDUCTION

**PUBLIC HEALTH EXPERTS:**

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH

DELAWARE COUNTY DEPARTMENT OF INTERCOMMUNITY HEALTH

**MERCY FITZGERALD HOSPITAL:**

Part V Facility Information (continued)

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

RESULT WAS THAT 12 OF THE 15 NEEDS WOULD BE ADDRESSED; GROUPED BY THE FOLLOWING THREE CATEGORIES:

1. IMPROVE ACCESS TO HEALTHCARE SERVICES FOR PERSONS WHO ARE POOR AND VULNERABLE BY ADDRESSING THE FOLLOWING FOUR NEEDS: (1) ACCESS TO HEALTH CARE FOR LOW INCOME RESIDENTS, OLDER ADULTS, AND UNINSURED; (2) PRESCRIPTION DRUG COVERAGE FOR LOW INCOME AND OLDER ADULTS; (3) OLDER ADULTS IN POOR HEALTH AND; (4) ACCESS TO HEALTH CARE FOR IMMIGRANTS. IN FISCAL YEAR 2018, MERCY FITZGERALD HOSPITAL:
   - PROVIDED ACCESS FOR THE IMMIGRANT POPULATION TO ACA/MEDICAID REFERRALS FOR INSURANCE ACCESS AND, IDENTIFIED BASELINE UTILIZATION.
   - PROVIDED RESOURCES FOR ACCESSING PRESCRIPTION MEDICATIONS AND RESOURCES FOR LOW COST OR NO COST WHERE AVAILABLE. FILLED OVER 1780 PRESCRIPTIONS AND MONITORED OVER 1200 PATIENTS.
   - IMPLEMENTED A PROGRAM TO PROVIDE COPING TOOLS FOR THE ELDERLY AND CAREGIVERS AND INTERACTED WITH OVER 100 PARTICIPANTS.
   - IDENTIFIED THREE LOCAL LANGUAGES OF THE COMMUNITIES WE SERVE. MATERIALS WERE TRANSLATED, PRINTED AND DISTRIBUTED TO MISSION AND COMMUNITY OUTREACH DEPARTMENTS FOR USE IN THE COMMUNITY.

2. IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE BY ADDRESSING THE NEED FOR THIS SERVICE FOR COMMUNITY RESIDENTS. IN FISCAL YEAR 2018, MERCY FITZGERALD HOSPITAL:
   - IMPLEMENTED THE PREVENT PROGRAM IN PARTNERSHIP WITH A LOCAL SCHOOL TO 25 EIGHTH GRADERS WHO SUCCESSFULLY COMPLETED THE 5 SESSION PROGRAM FROM JANUARY TO MAY 2018 WITH A 100% RETENTION. THE PREVENT PROGRAM WAS CREATED TO ADDRESS THE BEHAVIORAL ISSUES ASSOCIATED WITH OPIOID ADDICTION.
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.

PRE-ASSESSMENT AND POST-ASSESSMENT WAS COMPLETED BY THE PARTICIPANTS TO MEASURE THEIR COPING SKILLS.

3. IMPROVE CHRONIC DISEASE PREVENTION AND MANAGEMENT NEEDS PER THE IMPLEMENTATION STRATEGY PLAN TO ADDRESS AND IMPROVE COMMUNITY HEALTH THROUGH SCREENINGS, EARLY DETECTION, AND EDUCATION FOR THE FOLLOWING SEVEN NEEDS: (1) CANCER; (2) SMOKING PREVENTION AND INTERVENTIONS; (3) HIGH BLOOD PRESSURE; (4) HEART DISEASE; (5) STROKE; (6) OVERWEIGHT AND OBESITY; AND, (7) DIABETES. IN FISCAL YEAR 2018, MERCY FITZGERALD HOSPITAL:

- ACHIEVED 58% IN YEAR ONE (FISCAL YEAR 2018) AND 66% IN YEAR TWO (FISCAL YEAR 2018) COLORECTAL SCREENINGS OF MERCY PHYSICIAN NETWORK PATIENTS SCREENED.

- ACHIEVED 5% INCREASE YEAR OVER YEAR OF LOW DOSE CT LUNG CANCER SCREENINGS FOR A TOTAL OF 107 IN YEAR ONE (FISCAL YEAR 2017) AND 223 IN YEAR TWO (FISCAL YEAR 2018) MERCY PHYSICIAN NETWORK PATIENTS SCREENED.

- ACHIEVED 5% INCREASE YEAR OVER IN REFERRALS TO SMOKING CESSATION OR REFERRAL QUIT LINE (1-800-QUITNOW).

- INCREASED THE NUMBER OF NEW PATIENTS INTO DIABETIC EDUCATION PROGRAM BY 10% YEAR OVER YEAR.

MERCY FITZGERALD 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. MERCY FITZGERALD HOSPITAL BELIEVES THAT THE FOLLOWING THREE NEEDS FALL MORE WITHIN THE PURVIEW OF OTHER PHILADELPHIA COUNTY AND COMMUNITY ORGANIZATIONS; AND, LIMITED RESOURCES AND/OR LOWER PRIORITY EXCLUDED THESE...
ACTIONS FROM THOSE CHOSEN FOR ACTION. MERCY FITZGERALD HOSPITAL WILL NOT
TAKE ACTION ON THE FOLLOWING THREE HEALTH NEEDS: (1) DENTAL CARE; (2)
PRENATAL/natal CARE; AND, (3) HOMELESS – HEALTH CARE.

MERCY PHILADELPHIA HOSPITAL:

PART V, SECTION B, LINE 11: MERCY PHILADELPHIA HOSPITAL IDENTIFIED AND
PRIORITIZED 15 SIGNIFICANT HEALTH NEEDS. THE MERCY HEALTH SYSTEM
PRIORITIZATION WORKGROUP THEN RANKED THE NEEDS BY PREVALENCE, SEVERITY,
AVAILABLE DATA, MAGNITUDE OF PERSONS AFFECTED, AND THE ABILITY OF THE
HOSPITAL TO IMPACT THE NEED. SPECIFIC PROGRAMS/INITIATIVES TO ADDRESS EACH
NEED APPEAR IN THE IMPLEMENTATION STRATEGY, ADOPTED IN SEPTEMBER 2016. THE
RESULT WAS THAT 12 OF THE 15 NEEDS WOULD BE ADDRESSED; GROUPED BY THE
FOLLOWING THREE CATEGORIES:

1. IMPROVE ACCESS TO HEALTHCARE SERVICES FOR PERSONS WHO ARE POOR AND
VULNERABLE BY ADDRESSING THE FOLLOWING FOUR NEEDS: (1) ACCESS TO HEALTH
CARE FOR LOW INCOME RESIDENTS, OLDER ADULTS, AND UNINSURED; (2)
PRESCRIPTION DRUG COVERAGE FOR LOW INCOME AND OLDER ADULTS; AND, (3)
ACCESS TO HEALTH CARE FOR IMMIGRANTS. IN FISCAL YEAR 2018, MERCY
PHILADELPHIA HOSPITAL:

- PROVIDED ACCESS TO ACA/MEDICAID REFERRALS FOR INSURANCE ACCESS; AND,
IDENTIFIED BASELINE UTILIZATION.
- IMPROVED ACCESS TO AFFORDABLE PRESCRIPTION DRUG THROUGH APPROPRIATE
PARTNERSHIPS AND INCREASED PARTICIPANTS BY 20% IN YEAR ONE (FISCAL YEAR
2017) OVER BASELINE AND AN ADDITIONAL 10% IN YEAR TWO (FISCAL YEAR 2018).
- IMPROVED ACCESS TO HEALTH CARE FOR THE IMMIGRANT POPULATION THROUGH
CONTINUED AFFILIATION WITH HEALTH PROMOTERS, PROVIDING SCREENING AND

59
EDUCATION WITHIN THIS POPULATION. ADDED TWO NEW SITES IN WEST PHILADELPHIA.

2. IMPROVE ACCESS TO MENTAL AND BEHAVIORAL HEALTH CARE BY ADDRESSING THE NEED FOR THIS SERVICE FOR COMMUNITY RESIDENTS. IN FISCAL YEAR 2018, MERCY PHILADELPHIA HOSPITAL:

- THE MERCY EDUCATION AND RESOURCE GUIDE WAS PRESENTED AT FOUR COMMUNITY EVENTS YEAR ONE (FISCAL YEAR 2017) AND SIX COMMUNITY EVENTS IN YEAR TWO (FISCAL YEAR 2018).

3. IMPROVE CHRONIC DISEASE PREVENTION AND MANAGEMENT NEEDS PER THE IMPLEMENTATION STRATEGY PLAN TO ADDRESS AND IMPROVE COMMUNITY HEALTH THROUGH SCREENINGS, EARLY DETECTION, AND EDUCATION FOR THE FOLLOWING SEVEN NEEDS: (1) CANCER; (2) SMOKING PREVENTION AND INTERVENTIONS; (3) HIGH BLOOD PRESSURE; (4) HEART DISEASE; (5) STROKE; (6) OVERWEIGHT AND OBESITY; AND, (7) DIABETES. IN FISCAL YEAR 2018, MERCY PHILADELPHIA HOSPITAL:

- PROMOTED COLORECTAL SCREENING; AND, 60% OF MERCY PHYSICIAN NETWORK PATIENTS RECEIVED SCREENINGS IN YEAR ONE (FISCAL YEAR 2017) AND 66% IN YEAR TWO (FISCAL YEAR 2018).

- ACHIEVED 5% INCREASE YEAR OVER YEAR OVER BASELINE NUMBER IN REFFERRALS TO SMOKING CESSATION AND QUIT LINE (1-800-QUITNOW).

- DEVELOPED A FOOD INSECURITY SCREENING & FOOD ACCESS REFERRAL PROGRAM WITH COMMUNITY PARTNERS. IN FISCAL YEAR 2018, AS A MEMBER OF COLLABORATIVE OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH (COACH), MERCY HEALTH SYSTEM IMPLEMENTED A FOOD INSECURITY SCREENING PILOT PROGRAM. THE SIX WEEK PILOT PROGRAM WAS IMPLEMENTED AT MERCY FAMILY HEALTH ASSOCIATES IN WEST PHILADELPHIA FROM 1/10/2018 TO 2/15/2018. 117 PATIENTS WERE
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.

SCREENED AND 41 OR 35% SCREENED POSITIVE AS FOOD INSECURE AND RECEIVED

APPROPRIATE REFERRALS.

MERCY PHILADELPHIA 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. MERCY PHILADELPHIA HOSPITAL BELIEVES THAT THE FOLLOWING THREE NEEDS FALL MORE WITHIN THE PURVIEW OF OTHER PHILADELPHIA COUNTY AND COMMUNITY ORGANIZATIONS; AND, LIMITED RESOURCES AND/OR LOWER PRIORITY EXCLUDED THESE AREAS FROM THOSE CHOSEN FOR ACTION. MERCY PHILADELPHIA HOSPITAL WILL NOT TAKE ACTION ON THE FOLLOWING THREE HEALTH NEEDS: (1) DENTAL CARE; (2) PRENATAL/NATAL CARE; AND, (3) HOMELESS - HEALTH CARE.

MERCY FITZGERALD 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.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS
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, 16, 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.

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.

MERCY PHILADELPHIA 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.

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...
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.

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.

MERCY FITZGERALD HOSPITAL – PART V, SECTION B, LINE 7A:

WWW.MERCYHEALTH.ORG/ABOUT/CHNA

MERCY FITZGERALD HOSPITAL – PART V, SECTION B, LINE 10A:

WWW.MERCYHEALTH.ORG/ABOUT/CHNA

PART V, LINE 16A:

MERCY FITZGERALD HOSPITAL AND MERCY PHILADELPHIA HOSPITAL

WWW.MERCYHEALTH.ORG/PATIENTS-VISITORS/EPAY/FINANCIAL-ASSISTANCE

PART V, LINE 16B:

MERCY FITZGERALD HOSPITAL AND MERCY PHILADELPHIA HOSPITAL

WWW.MERCYHEALTH.ORG/PATIENTS-VISITORS/EPAY/FINANCIAL-ASSISTANCE

PART V, LINE 16C:

MERCY FITZGERALD HOSPITAL AND MERCY PHILADELPHIA HOSPITAL

WWW.MERCYHEALTH.ORG/PATIENTS-VISITORS/EPAY/FINANCIAL-ASSISTANCE

MERCY FITZGERALD HOSPITAL – PART V, SECTION B, LINE 9:
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.

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.

MERCY PHILADELPHIA HOSPITAL - PART V, SECTION B, LINE 7A:
WWW.MERCYHEALTH.ORG/ABOUT/CHNA

MERCY PHILADELPHIA HOSPITAL - PART V, SECTION B, LINE 10A:
WWW.MERCYHEALTH.ORG/ABOUT/CHNA

MERCY PHILADELPHIA HOSPITAL - PART V, SECTION B, LINE 9:
AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.
**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? 

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SISTER MARIE LENAHAN WELLNESS CENTER</td>
<td>WELLNESS CENTER, CARDIOLOGIST, ORTHOPEDIC MEDICINE, UROLOGIST</td>
</tr>
<tr>
<td>1503 LANSdowne Ave</td>
<td>DARBY, PA 19023</td>
</tr>
</tbody>
</table>

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.

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**PART I, LINE 6A:**

MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA (MERCY CATHOLIC MEDICAL CENTER) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF PENNSYLVANIA. IN ADDITION, MERCY CATHOLIC MEDICAL CENTER 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.

MERCY CATHOLIC MEDICAL CENTER ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

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**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, $22,493,395, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCY FITZGERALD HOSPITAL:

ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY - ADVOCACY ON BEHALF OF COMMUNITY MEMBERS: THE COMMUNITY ADVISORY COMMITTEE IS A DISCIPLINARY TEAM THAT WORKS TOGETHER TO PLAN AND EXECUTE COMMUNITY PROGRAMS AND EVENTS. THESE PROGRAMS AND EVENTS ARE BASED ON THE NEEDS OF THE COMMUNITY IDENTIFIED IN OUR COMMUNITY NEEDS ASSESSMENT AS WELL AS THE NEEDS OF OUR COMMUNITY PARTNERS. THESE EVENTS INCLUDE COMMUNITY HEALTH FAIRS, HEALTH AND WELLNESS EDUCATION TO OUR SENIOR CENTERS AND VARIOUS COMMUNITY ORGANIZATIONS, FREE HEALTH SCREENS AND OUR DINE WITH THE DOCS EDUCATIONAL SERIES.

MERCY PHILADELPHIA HOSPITAL:
ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS/SAFETY - ADVOCACY ON BEHALF OF COMMUNITY MEMBERS: THE COMMUNITY ADVISORY COMMITTEE IS A DISCIPLINARY TEAM THAT WORKS TOGETHER TO PLAN AND EXECUTE COMMUNITY PROGRAMS AND EVENTS.

THESE PROGRAMS AND EVENTS ARE BASED ON THE NEEDS OF THE COMMUNITY IDENTIFIED IN OUR COMMUNITY NEEDS ASSESSMENT AS WELL AS THE NEEDS OF OUR COMMUNITY PARTNERS. THESE EVENTS INCLUDE COMMUNITY HEALTH FAIRS, HEALTH AND WELLNESS EDUCATION TO OUR SENIOR CENTERS AND VARIOUS COMMUNITY ORGANIZATIONS, FREE HEALTH SCREENS AND OUR DINE WITH THE DOCS EDUCATIONAL SERIES.

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:

MERCY CATHOLIC MEDICAL CENTER USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, MERCY CATHOLIC MEDICAL CENTER IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL.
THEREFORE, MERCY CATHOLIC MEDICAL CENTER 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:

MERCY CATHOLIC MEDICAL CENTER 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 ALLOW 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 -
MERCY FITZGERALD HOSPITAL AND MERCY PHILADELPHIA HOSPITAL ASSESS THE
HEALTH STATUS OF THEIR COMMUNITIES, 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 HOSPITALS 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 -

MERCY CATHOLIC MEDICAL CENTER 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.
MERCY CATHOLIC MEDICAL CENTER 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.

MERCY CATHOLIC MEDICAL CENTER HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MERCY CATHOLIC MEDICAL CENTER 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 -

MERCY FITZGERALD HOSPITAL IS LOCATED IN DARBY (19023), DELAWARE COUNTY. AS DESCRIBED IN ITS CURRENT CHNA, THE COMMUNITY SERVED, WHICH IS DEFINED AS MERCY FITZGERALD HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREAS, IS COMPRISED OF 11 ZIP CODES ACROSS SOUTHEASTERN DELAWARE COUNTY AND WEST/SOUTHWEST PHILADELPHIA. THE SERVICE AREA IS DIVERSE, WITH 74% OF THE
TOTAL POPULATION OF 317,563 CONSIDERED RACIAL MINORITY. THE OVERALL POPULATION IS EXPECTED TO INCREASE BY 0.5% BETWEEN 2018 AND 2023, WHILE THE MINORITY POPULATION IS PROJECTED TO INCREASE 3.8%. A DECREASE OF 3% IS PROJECTED IN THE FEMALE CHILD BEARING AGE GROUP. WITH AN AVERAGE HOUSEHOLD INCOME OF $61,098 AND 29% OF TOTAL HOUSEHOLDS WITH INCOME LESS THAN $25,000, THERE ARE POCKETS OF NEIGHBORHOODS THAT ARE ECONOMICALLY DISTRESSED. ADDITIONALLY, SOME AREAS HAVE BEEN DESIGNATED AS MEDICALLY UNDERSERVED AND PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS.


PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

OUR COMMUNITY BENEFIT ACTIVITIES IN TAX YEAR 2017 INCLUDED GOING DIRECTLY INTO UNDERSERVED COMMUNITIES/POPULATIONS AND PROVIDING HEALTH SCREENINGS, IMMUNIZATIONS, AND HEALTH CARE EDUCATION. PART OF OUR COMMUNITY BENEFIT PORTFOLIO INCLUDES PROVIDING ACCESS TO PRIMARY CARE PHYSICIANS IN A
MEDICALLY UNDERSERVED AREA. IN ADDITION, WE MAINTAIN A 24-HOUR EMERGENCY
ROOM, AN OPEN MEDICAL STAFF, AND A BOARD COMPRISED LARGELY OF INDEPENDENT
MEMBERS OF THE COMMUNITY.

IN TAX YEAR 2017, MERCY FITZGERALD HOSPITAL AND MERCY PHILADELPHIA
HOSPITAL CONTINUED TO IMPLEMENT THE MERCY HEALTH SYSTEM OF SOUTHEASTERN
PENNSYLVANIA'S (MERCY HEALTH SYSTEM) SMOKE FREE CAMPUS POLICY. MERCY
HEALTH SYSTEM SYSTEM-WIDE POLICY INCLUDES ALL CAMPUSES/BUILDINGS AND WAS
EXPANDED TO INCLUDE ALL TOBACCO AND SMOKELESS TOBACCO PRODUCTS INCLUDING
E-CIGARETTES, VAPORS, AND CHEWING TOBACCO. IN ADDITION, THE NEW HIRE
POLICY ENCOURAGES ALL NEW COLLEAGUES TO TAKE ADVANTAGE OF THE SMOKING
CESSATION CLASSES AND SMOKING CESSATION AIDS.

MERCY HEALTH SYSTEM IS A MEMBER OF THE BREATHE FREE PENNSYLVANIA
COALITION, A COMBINED GROUP REPRESENTING THE AMERICAN HEART ASSOCIATION,
THE AMERICAN STROKE ASSOCIATION AND THE AMERICAN CANCER SOCIETY IN
PENNSYLVANIA AND CONTIGUOUS STATES. THE COALITION IS FOCUSED ON IMPROVING
THE EXISTING CLEAN INDOOR AIR LAW IN PENNSYLVANIA BY REDUCING THE
LOOPHOLES AND EXCEPTIONS THAT ALLOW FOR SMOKING INDOORS IN ESTABLISHMENTS
SUCH AS CASINOS, CERTAIN THAT WOULD AMEND THE CLEAN INDOOR ACT:
ELIMINATING EXCEPTIONS TO THE STATEWIDE SMOKING BAN; AND, PROVIDING FOR
LOCAL ORDINANCES.

MERCY HEALTH SYSTEM IS A PARTICIPATING MEMBER OF THE COLLABORATIVE
OPPORTUNITIES TO ADVANCE COMMUNITY HEALTH (COACH) INITIATIVE. THE COACH
INITIATIVE IS A COMMUNITY HEALTH COLLABORATIVE SPONSORED BY THE HOSPITAL
AND HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA TO BRING TOGETHER HOSPITALS,
PUBLIC HEALTH, AND COMMUNITY PARTNERS TO ADDRESS COMMUNITY HEALTH ISSUES

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM -

MERCY CATHOLIC MEDICAL CENTER 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 GOODSAMARITAN 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.

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

PA