### Part I: 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>225,283.</td>
<td>229,032.</td>
<td>0.</td>
<td>.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>17,647,952.</td>
<td>8,982,178.</td>
<td>8,665,774.</td>
<td>9.57%</td>
<td></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>17,873,235.</td>
<td>9,211,210.</td>
<td>8,665,774.</td>
<td>9.57%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Benefits</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>11 38,237</td>
<td>852,807.</td>
<td>342,594.</td>
<td>510,213.</td>
<td>.56%</td>
<td></td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>2 18</td>
<td>1,682.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>1 4,663</td>
<td>2,054,041.</td>
<td>756,366.</td>
<td>1,297,675.</td>
<td>1.43%</td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></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>2 120</td>
<td>112,852.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>16 43,038</td>
<td>3,021,382.</td>
<td>1,098,960.</td>
<td>1,922,422.</td>
<td>2.11%</td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td>16 43,038</td>
<td>20,894,617.</td>
<td>10,310,170.</td>
<td>10,584,446.</td>
<td>11.88%</td>
<td></td>
</tr>
</tbody>
</table>
### 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>
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<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<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>1</td>
<td>130</td>
<td>2,609</td>
<td>152</td>
<td>2,457</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>
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<tr>
<td>10</td>
<td>Total</td>
<td>1</td>
<td>130</td>
<td>2,609</td>
<td>152</td>
<td>2,457</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
   - 3,687,882.

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
   - 1,484,000.

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)
   - 8,931,159.

6. Enter Medicare allowable costs of care relating to payments on line 5
   - 11,946,927.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)
   - -3,015,768.

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.

   - [ ] 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] Yes  
   - [ ] No

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] Yes  
   - [ ] No

### 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, direct- ors, 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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</table>
### Part V Facility Information

#### Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

<table>
<thead>
<tr>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER 24 hours</th>
<th>ER Other</th>
<th>Other (describe)</th>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SETON HEALTH SYSTEM, INC.</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1300 MASSACHUSETTS AVENUE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TROY, NY 12180</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.SPHS.COM/SAM">WWW.SPHS.COM/SAM</a></td>
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<tr>
<td>4102003H</td>
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</tr>
</tbody>
</table>

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Schedule H (Form 990) 2017

SETON HEALTH SYSTEM, INC. 14-1776186 Page 3

36

13510520 794151 6066 2017.05060 SETON HEALTH SYSTEM, INC. 60661
Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group: SETON HEALTH SYSTEM, INC.

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

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<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 X</td>
<td></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 “Yes,” provide details of the acquisition in Section C</td>
<td>2 X</td>
<td></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 “No,” skip to line 12</td>
<td>3 X</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>
</tbody>
</table>

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

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

b Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If “Yes,” list the other organizations in Section C

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

If “Yes,” indicate how the CHNA report was made widely available (check all that apply):

a X Hospital facility’s website (list url): WWW.SPHP.COM/COMMUNITY-HEALTH-SP

b Other website (list url):

c X Made a paper copy available for public inspection without charge at the hospital facility

d 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

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?

a If “Yes,” (list url): WWW.SPHP.COM/COMMUNITY-HEALTH-SP

b If “No,” is the hospital facility’s most recently adopted implementation strategy attached to this return?

11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.

12a Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?

b If “Yes” to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If “Yes” to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Financial Assistance Policy (FAP)

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? ..............................................................

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

a 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%

b X Income level other than FPG (describe in Section C)

c X Asset level

d X Medical indigency

e X Insurance status

f X Underinsurance status

g X Residency

h X Other (describe in Section C)

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

15 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 X Described the information the hospital facility may require an individual to provide as part of his or her application

b X Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e X Other (describe in Section C)

16 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 X The FAP was widely available on a website (list url): WWW.SPHP.COM/FINANCIAL-ASSISTANCE

b X The FAP application form was widely available on a website (list url): WWW.SPHP.COM/FINANCIAL-ASSISTANCE

c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8

d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f 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)

g 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

h X Notified members of the community who are most likely to require financial assistance about availability of the FAP

i X The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

j X Other (describe in Section C)
### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** SETON HEALTH SYSTEM, INC.

**17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?

- [X] Yes
- [ ] No

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>17</td>
<td>X</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)
- [X] None of these actions or other similar actions were permitted

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>19</td>
<td>X</td>
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</tbody>
</table>

**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?

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)

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>20</td>
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</tbody>
</table>

**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):

- [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
- [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- [X] Processed incomplete and complete FAP applications
- [X] Made presumptive eligibility determinations
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

<p>| | |</p>
<table>
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<th></th>
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<tbody>
<tr>
<td>21</td>
<td>X</td>
</tr>
</tbody>
</table>

### 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?

- [ ] Yes
- [X] No

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.
   a  X  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
   b  No  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  No  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  No  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.

SETON HEALTH SYSTEM, INC.:

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

LINE 3E: SETON HEALTH SYSTEM (ST. MARY'S HOSPITAL) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- REDUCE OBESITY IN CHILDREN AND ADULTS (PREVENT DIABETES)
- ASTHMA/TOBACCO CESSATION
- PREVENT SUBSTANCE ABUSE (FOCUS ON OPIOID ABUSE)
- STRENGTHEN MENTAL HEALTH INFRASTRUCTURE ACROSS SYSTEMS

SETON HEALTH SYSTEM, INC.:

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.

CENTER, ALBANY MEMORIAL HOSPITAL, ST. PETER'S HOSPITAL, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, ST. MARY'S HOSPITAL, SAMARITAN HOSPITAL, AND ELLIS HOSPITAL. THEY WERE JOINED BY REPRESENTATIVES FROM COMMUNITY BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD, AND CANCER. A TOTAL OF 34 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, UNIVERSITY OF ALBANY SCHOOL OF PUBLIC HEALTH, YMCA, COMMUNITY GARDENS, AND SENIOR HOUSING ORGANIZATIONS PARTICIPATED. ALMOST ALL OF THESE ORGANIZATIONS SERVE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS, AND MANY OFFER SPECIFIC PROGRAMS TARGETED TOWARDS THESE GROUPS.

DOCUMENT. THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED AND APPROVED IN JUNE 2016.

SETON HEALTH SYSTEM, INC.:
PART V, SECTION B, LINE 6A: SETON HEALTH SYSTEM, DOING BUSINESS AS ST. MARY'S HOSPITAL, CONDUCTED ITS CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITAL FACILITIES: ALBANY MEDICAL CENTER, ALBANY MEMORIAL HOSPITAL, ELLIS HOSPITAL, ST. PETER'S HOSPITAL, SAMARITAN HOSPITAL, SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, AND BURDETT BIRTH CENTER.

SETON HEALTH SYSTEM, INC.:
PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, ST. MARY'S HOSPITAL WAS JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD, AND CANCER. A TOTAL OF 34 DIFFERENT ORGANIZATIONS IN THE CAPITAL REGION, SUCH AS CATHOLIC CHARITIES; WHITNEY M. YOUNG, JR. HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER; CENTRO CIVICO; CAPITAL DISTRICT PHYSICIANS HEALTH PLAN; FIDELIS CARE NY; UNIVERSITY OF ALBANY SCHOOL OF PUBLIC HEALTH; CAPITAL DISTRICT YMCA; COMMUNITY GARDENS; AND SEVERAL SENIOR HOUSING ORGANIZATIONS PARTICIPATED.

SETON HEALTH SYSTEM, INC.:
PART V, SECTION B, LINE 11: DURING FY 18, NEEDS FROM THE 2016 CHNA 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, 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.

ADDRESSED.

ASTHMA AND TOBACCO CESSATION

THE LUNG CENTER AT ST. MARY'S HOSPITAL CONTINUED TO PROVIDE PULMONARY MANAGEMENT, WHICH INCLUDED QUICK ASSESSMENT, TREATMENT, AND PATIENT-CENTERED EDUCATION TO ALL ASTHMA AND COPD PATIENTS. BEFORE DISCHARGE, EACH PATIENT WAS PROVIDED AN APPOINTMENT WITH A PRIMARY CARE DOCTOR'S OFFICE. PATIENTS WERE ALSO CONNECTED TO A CARE TRANSITION PROGRAM DEVELOPED BY THE EDDY VISITING NURSING GROUP, AN AFFILIATE OF ST. PETER'S HEALTH PARTNERS (SPHP), WHICH SCHEDULES HOME VISITS WITH AN EMPHASIS ON ASTHMA EDUCATION TO INCREASE ASTHMA MANAGEMENT, ALONG WITH MONITORING FOR THE COPD HOME CARE PATIENTS. ALL MEDICAL ASSOCIATE PHYSICIANS AFFILIATED WITH SPHP HAVE BEEN EDUCATED ON THE USE OF ASTHMA ACTION PLANS WITHIN THE HOSPITAL'S CLINICS AND THEIR PRACTICES.

THE CENTER FOR HEALTH PROGRAMS WITHIN ST. MARY'S HOSPITAL WORKED WITH THE STAFF AND COMMUNITY PARTNERS TO ENSURE THAT THEY WERE VERSED IN THE AVAILABILITY OF SMOKING CESSATION PROGRAMS AVAILABLE TO THEIR PATIENTS. DURING FY18, 272 PATIENTS FROM ST. MARY'S HOSPITAL WERE REFERRED TO THE NYS SMOKERS QUIT LINE, "OPT TO QUIT" PROGRAM, WHICH IS A SYSTEM-WIDE SOLUTION FOR ENSURING THAT CESSATION SUPPORT IS OFFERED AND ACCESSIBLE TO ALL INPATIENTS SO THAT ONCE THEY LEAVE THE HEALTH CARE SETTING, THEY WILL HAVE A NICOTINE REPLACEMENT THERAPY AT HOME TO UTILIZE IF THEY OPT TO QUIT. IN ADDITION, ST. MARY'S HOSPITAL HAS A LONG TRADITION OF PROVIDING MEETING SPACE FOR THE BUTT STOPS HERE, A SEVEN WEEK SMOKING CESSATION PROGRAM THAT IS TAUGHT ON SITE WHENEVER THERE ARE INTERESTED COMMUNITY
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEMBERS AND/OR STAFF. SIX SESSIONS WERE OFFERED IN FY18, WITH 27 PEOPLE IN ATTENDANCE.

IN PARTNERSHIP WITH ST. PETER'S HEALTH PARTNERS, THE ASTHMA EDUCATION PROJECT CONTINUED IN FY18. THIS PROJECT UTILIZED COMMUNITY HEALTH WORKERS (CHW) TO PROVIDE SERVICES FOR LOW-INCOME AND UNDERSERVED INDIVIDUALS, WHICH INCLUDED CHILDREN REFERRED FROM OUR CLINICS AND EMERGENCY DEPARTMENTS WITH HIGH INCIDENTS OF UNCONTROLLED ASTHMA. THROUGHOUT FY18, CHW CONDUCTED HOME VISITS, FAMILIARIZED FAMILIES WITH ASTHMA TERMINOLOGY, AND OFFERED TRAINING FOR MANAGEMENT OF THE DISEASE. ALSO, CHW ASSESSED PATIENT HOMES FOR ENVIRONMENTAL FACTORS, SUCH AS MOLD AND DUST, WHICH MAY TRIGGER ASTHMA SYMPTOMS, AND PROVIDED HOUSEHOLDS WITH "GREEN" CLEANING SUPPLIES AND VACUUMS WITH HEPA FILTERS.

REDUCE OBESITY IN CHILDREN AND ADULTS (PREVENT DIABETES)

TO BETTER DIAGNOSE DIABETES, ALL AFFILIATED AND EMPLOYED PHYSICIANS WERE EDUCATED ABOUT THE NEED TO SCREEN AND REFER PATIENTS TO APPROPRIATE CARE. ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM SPHP DIABETES AND ENDOCRINE CARE PROVIDED DPP (DIABETES PREVENTION PROGRAMS) AND OTHER APPROPRIATE DIABETES EDUCATION, AS NEEDED. DURING FY18, SPHP FACILITATED FIVE DPP SESSIONS WHICH WERE HELD IN RENSSELAER COUNTY. FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE PATIENTS WITHOUT RESOURCES WHO SEEK DIABETES PREVENTION, EDUCATION AND MANAGEMENT CLASSES. ALSO IN FY18, MONTHLY SUPPORT GROUPS WERE OFFERED, FREE OF CHARGE, FOCUSING ON A VARIETY OF TOPICS RELATED TO DIABETES.
IN ORDER TO ADDRESS CHILDHOOD OBESITY IN FY18, ST. MARY'S HOSPITAL PARTNERED WITH OTHER HOSPITALS WITHIN SPHP, THE U.S. SOCCER FOUNDATION, AND THE TROY BOYS AND GIRLS CLUB, TO SUPPORT THE SOCCER FOR SUCCESS PROGRAM FOR CHILDREN WITHIN THE CITIES OF TROY AND ALBANY. SOCCER FOR SUCCESS IS AN AFTERSCHOOL PROGRAM THAT IS PROVEN TO HELP CHILDREN ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH MENTORS AND FAMILY ENGAGEMENT. THE PROGRAM IS OFFERED FREE OF CHARGE TO CHILDREN. PARTICIPANTS LEARN SOCCER SKILLS AND ABOUT EATING RIGHT AND OTHER WAYS TO STAY HEALTHY, WHILE GAINING IMPORTANT DECISION MAKING AND RELATIONSHIP SKILLS FROM THEIR INTERACTIONS WITH COACH-MENTORS AND PEERS. DURING FY18, 851 CHILDREN PARTICIPATED IN SOCCER FOR SUCCESS AT NINE BOYS AND GIRLS CLUB SITES THROUGHOUT ALBANY AND RENSSELAER COUNTIES. OUT OF THESE PARTICIPANTS, 88% MAINTAINED OR DECREASED THEIR BMI, AND 72% INCREASED THEIR AEROBIC CAPACITY AND SCORED AT LEAST TWO LEVELS HIGHER ON THE PACER TEST.

STRENGTHEN MENTAL HEALTH INFRASTRUCTURE ACROSS SYSTEMS & PREVENT SUBSTANCE ABUSE (FOCUS ON OPIOID ABUSE)

IN THE AREA OF MENTAL HEALTH, STRENGTHENING MENTAL HEALTH INFRASTRUCTURE ACROSS HEALTH SYSTEMS WAS IDENTIFIED AS A PRIORITY. DURING FY18, LEADERSHIP STAFF FROM ST. MARY'S HOSPITAL WERE MEMBERS OF WORKGROUPS TO DEVELOP THIS CONCEPT, SPECIFICALLY WITH THE HCDI BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE.

DURING FY18, SUBSTANCE ABUSE NEEDS WERE ADDRESSED. ACTION PLANS WERE DEVELOPED TO INCREASE EDUCATION AND PRACTICE STRATEGIES TO REDUCE OPIOID
OVERDOSE AND NON-MEDICAL USE OF OPIATES. PROVIDER EDUCATION WAS OFFERED TO ALL PRESCRIBERS OF ST. MARY'S HOSPITAL, AS WELL AS SPHP, REGARDING ADDICTION AND PAIN MANAGEMENT (INCLUDING GUIDELINES, COMMUNITY RESOURCES AND INFORMATION TO PROVIDE TO PATIENTS REGARDING RISK AND HARM/MISUSE) USING THE FEDERAL GUIDELINES. HOSPITAL STAFF PROMOTED SAFE STORAGE AND PROPER DISPOSAL OF UNUSED PRESCRIPTION MEDICATIONS. IN ADDITION, AN OUTPATIENT DETOXIFICATION PROGRAM WAS ESTABLISHED AT ST. MARY'S HOSPITAL DURING FY18. THE OUTPATIENT DETOXIFICATION PROGRAM IS AN EVIDENCE-BASED, MEDICALLY SUPERVISED OUTPATIENT PROGRAM FOR ADULTS AND FAMILIES IMPACTED BY OPIOID ADDICTION. THIS SPECIALIZED PROGRAM IS LICENSED BY THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS) AND IS STAFFED BY A MULTIDISCIPLINARY TEAM COMPRISED OF ADDICTION COUNSELORS, BOARD CERTIFIED ADDICTION PHYSICIANS AND NURSES. DURING FY18, 157 PATIENTS RECEIVED TREATMENT FROM THE OUTPATIENT DETOXIFICATION PROGRAM AT ST. MARY'S HOSPITAL.

ST. MARY'S HOSPITAL IS ALSO ONE OF THE TWO OUTPATIENT PHARMACIES AT SPHP THAT HAS A FULL TIME PRESCRIPTION ASSISTANCE PROGRAM TO HELP THOSE WHO CANNOT AFFORD THEIR MEDICATIONS. THE NYS OPIOID OVERDOSE PREVENTION PROGRAM IS CURRENTLY BEING OFFERED TO STAFF AND COMMUNITY MEMBERS. STAFF HAS ACCESS TO THESE INITIATIVES THROUGH EDUCATION AND OUTREACH.

WHILE THE ORGANIZATION WILL CONTINUE TO OFFER SERVICES ADDRESSING OTHER PRESSING HEALTH NEEDS, IT FELT THAT THE INCREASED FOCUS ON THE SELECTED AREAS REPRESENTS THE BEST USE OF RESOURCES AND EXPERTISE.

ST. MARY'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT
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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<th>Facility Information (continued)</th>
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<tr>
<td><strong>Part V</strong> 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 (&quot;A, 1,&quot; &quot;A, 4,&quot; &quot;B, 2,&quot; &quot;B, 3,&quot; etc.) and name of hospital facility.</td>
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**EMERGED FROM THE CHNA PROCESS, AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE.** THUS, SECONDARY PRIORITIES SUCH AS ADVERSE BIRTH OUTCOMES, STD'S AND LYME DISEASE WILL NOT BE DIRECTLY ADDRESSED BY ST. MARY'S HOSPITAL. OTHER HEALTH CARE FACILITIES SERVING OUR COMMUNITY WILL ADDRESS THESE SECONDARY PRIORITIES.

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<th>SETON HEALTH SYSTEM, INC.:</th>
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<td><strong>PART V, SECTION B, LINE 13H:</strong> 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.</td>
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<td><strong>PART V, SECTION B, LINE 15E:</strong> ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.</td>
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<th>SETON HEALTH SYSTEM, INC.</th>
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PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SPHP.COM/FINANCIAL-ASSISTANCE

SETON HEALTH SYSTEM — 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)

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<th>Name and address</th>
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How many non-hospital health care facilities did the organization operate during the tax year? 0
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:**

SETON HEALTH SYSTEM (ST. MARY’S HOSPITAL) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, ST. MARY’S HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

ST. MARY’S HOSPITAL 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, $3,687,882, 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:

IN AN EFFORT TO FOSTER COMMUNITY SUPPORT AND ADVOCACY, THE LEADERSHIP TEAM AT ST. MARY'S HOSPITAL ADVOCATED FOR A NUMBER OF HEALTH CARE INITIATIVES, SUCH AS SUBSTANCE ABUSE PREVENTION (PARTICULARLY OPIOID ABUSE), CHRONIC DISEASE PREVENTION (FOCUSING ON DIABETES AND OBESITY PREVENTION) AND ADVOCACY FOR STRONGER TOBACCO CONTROL POLICIES INTERNALLY AND EXTERNALLY IN THE COMMUNITIES WE SERVE.

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:

A PERCENTAGE OF THE HOSPITAL'S BAD DEBT EXPENSE IS REPORTED ON LINE 3. THIS PERCENTAGE IS BASED ON THE SELF-PAY ACCOUNTS WITH NO PAYMENTS THAT WERE TRANSFERRED TO BAD DEBT AS COMPARED TO ALL OTHER PAYORS. THE RATIONALE IS THAT THESE SELF-PAY PATIENTS WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE HAD THEY APPLIED.

PART III, LINE 4:


PART III, LINE 5:

[Additional text not fully visible]
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

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

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY.

THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT
PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:


PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. MARY'S HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS
ST. MARY'S HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

ST. MARY'S HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. MARY'S HOSPITAL MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:
COMMUNITY INFORMATION – ST. MARY'S HOSPITAL IS LOCATED IN TROY, NY, IN RENSSELAER COUNTY. TROY IS LOCATED ON THE WESTERN EDGE OF RENSSELAER COUNTY AND ON THE EASTERN BANK OF THE HUDSON RIVER. TROY HAS CLOSE TIES TO

THE COMMUNITIES SERVED BY ST. MARY'S HOSPITAL INCLUDE THE COUNTIES OF ALBANY, RENSSELAER, AND SCHENECTADY. THE THREE COUNTIES PROVIDE A RANGE OF GEOGRAPHY THAT INCLUDES URBAN, SUBURBAN AND RURAL SETTINGS IN ADDITION TO REPRESENTING THE HOME ZIP CODES OF 65.5% OF ITS PATIENTS. IN 2010, THE COMBINED POPULATION IN ALBANY, RENSSELAER, AND SCHENECTADY COUNTIES WAS 78.8% WHITE, 9.6% BLACK, 4.8% HISPANIC, 3.7% ASIAN/PACIFIC ISLANDER, AND 3.0% OTHER RACES/ETHNICITIES. OVER TIME, THE CAPITAL DISTRICT POPULATION HAS GROWN MORE ETHNICALLY DIVERSE, WITH FEWER INDIVIDUALS IDENTIFIED AS WHITE NON-HISPANIC.

IN GENERAL, PERSONS IN THE COMMUNITY SERVED BY ST. MARY'S HOSPITAL TEND TO BE BETTER EDUCATED AND HAVE A HIGHER INCOME THAN THOSE IN THE U.S. AS A WHOLE AND THE STATE OF NY. THERE IS A LOWER RATE OF UNEMPLOYMENT AND FEWER PERSONS WITHOUT HEALTH INSURANCE THAN THE STATE OR NATIONAL COMPARISONS. THE POPULATION FOR THE THREE-COUNTY SERVICE AREA IS 620,414. THERE ARE 276,563 HOUSING UNITS IN THE SERVICE AREA WITH AN AVERAGE OF 64% OWNER OCCUPIED. ON AVERAGE, 12.3% OF PERSONS LIVE BELOW THE POVERTY LEVEL. THE MEDIAN HOUSEHOLD INCOME IS $58,254.

HEALTH CARE ACCESS INDICATORS SHOW THE CAPITAL DISTRICT HAVING FEWER BARRIERS TO CARE THAN THE REST OF THE STATE. CAPITAL DISTRICT RESIDENTS, BOTH CHILDREN AND ADULTS, HAD HIGHER HEALTH INSURANCE COVERAGE RATES.
Compared to the rest of the state, while the Capital District had good health insurance coverage, still slightly less than 10% of residents were not covered by any form of health insurance.

Part VI, Line 5:

Other information - St. Mary's Hospital provides a full range of inpatient and outpatient services to the people in the community it serves, including an array of specialty services, including a cancer treatment center. St. Mary's Hospital conducts its activities and its health care purpose without regard to race, color, creed, religion, gender, sexual orientation, disability, age or national origin.

One of the top health care organizations in upstate NY, St. Mary's Hospital is committed to improving the health and well-being of our community, not only as a caring community member, but also as a catalyst for change. As such, we participate in many community partnerships aimed at assessing the current health status of our community and identifying opportunities to make a difference in the health of our citizens, with particular attention to those who are poor and vulnerable. As we have done for many years, we continue to play a major role in the Healthy Capital District Initiative, an organization dedicated to improving the health of the residents of Albany, Rensselaer and Schenectady counties. Our partners in this endeavor are the local county health departments, other health care providers, insurers and community members. St. Mary's Hospital supports many local community health services, churches, and other health care organizations to provide comprehensive and accessible health care services and proactive health care programs - this includes sitting on community boards, committees, and advisory groups.
ST. MARY'S HOSPITAL ALSO PROVIDES SERVICES FOR THE BROADER COMMUNITY AS A
PART OF ITS OVERALL COMMUNITY BENEFIT. THE GREATEST SHARE OF THESE
EXPENSES IS FOR EDUCATING HEALTH PROFESSIONALS; HELPING TO PREPARE FUTURE
HEALTH CARE PROFESSIONALS IS A DISTINGUISHING CHARACTERISTIC OF NONPROFIT
HEALTH CARE. THIS EDUCATION INCLUDES STUDENT INTERNSHIPS, CLINIC
EXPERIENCE AND OTHER EDUCATION FOR NURSES, PHYSICAL THERAPISTS AND OTHER
HEALTH CARE STUDENTS.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS,
ST. MARY'S HOSPITAL IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED
LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE
AREA WE SERVE. WE HAVE AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED
PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES. ALL MEDICAL STAFF
MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION
PROCESS.

NO PART OF THE INCOME OF ST. MARY'S HOSPITAL BENEFITS ANY PRIVATE
INDIVIDUAL, NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS
ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL
TO IMPROVE THE QUALITY OF PATIENT CARE AND EXPAND OUR FACILITIES.

ST. MARY'S HOSPITAL, ALONG WITH ITS SPHP SISTER HOSPITALS, COLLABORATED
WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY
BASED AGENCIES TO COMPLETE A SIX COUNTY (ALBANY, RENSSELAER, SCHENECTADY,
SARATOGA, COLUMBIA AND GREEN) COMMUNITY HEALTH NEEDS ASSESSMENT AND
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) LED BY HEALTHY CAPITAL DISTRICT
INITIATIVE (HCDI). HCDI IS AN INCORPORATED NOT-FOR-PROFIT WHICH WORKS
WITH OTHERS IN THE COMMUNITY TO DETERMINE WAYS IN WHICH THE CAPITAL REGION COULD BE MORE EFFECTIVE IN IDENTIFYING AND ADDRESSING PUBLIC HEALTH ISSUES.

DURING FY18, HOSPITAL STAFF WERE MEMBERS OF THE FOLLOWING WORKGROUPS RELATING TO THE CHIP: OBESITY/DIABETES TASKFORCE AND BEHAVIORAL HEALTH/SUBSTANCE ABUSE TASKFORCE. EACH GROUP MET SIX TIMES THROUGHOUT FY18 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE 2016 CHIP. THESE GROUPS WERE LED BY HCDI.

IN FY18, ST. MARY'S HOSPITAL REMAINED A "TOBACCO FREE" FACILITY, BANNING USE OF TRADITIONAL TOBACCO PRODUCTS, AS WELL AS ELECTRONIC VAPING DEVICES ON OUR PROPERTY. SIGNAGE IS VISIBLE ON THE GROUNDS OF SPHP FACILITIES, INCLUDING ST. MARY'S HOSPITAL, TO REFLECT CHANGES MADE IN FY16 TO THE SPHP SMOKE FREE ENVIRONMENT POLICY. IN ADDITION, THROUGH THE WORK OF OUR CENTER FOR HEALTH PROGRAMS AND CAPITAL DISTRICT TOBACCO FREE COMMUNITIES, TOBACCO 21 LEGISLATION IS BEING PURSUED AT THE LOCAL AND STATE LEVEL.

PART VI, LINE 6:

ST. MARY'S HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY
COMMUNITY HEALTH NEEDS ASSESSMENT

4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE 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.

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

NY