<table>
<thead>
<tr>
<th>Part I</th>
<th>Financial Assistance and Certain Other Community Benefits at Cost</th>
</tr>
</thead>
</table>

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

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

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.

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

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

   a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?

      If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
      
      - [ ] 100%
      - [ ] 150%
      - [x] 200%
      - [ ] Other ______

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

      - [ ] 200%
      - [ ] 250%
      - [ ] 300%
      - [ ] 350%
      - [x] 400%
      - [ ] Other ______

   c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to a patient who was eligible for free or discounted care?

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

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

   c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

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

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</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></td>
<td>3,052,181</td>
<td>2,040,000</td>
<td>1,012,181</td>
<td>.64%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>47,063,591</td>
<td>59,776,405</td>
<td></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></td>
<td>50,115,772</td>
<td>61,816,405</td>
<td>1,012,181</td>
<td>.64%</td>
<td></td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>7</td>
<td>6,375</td>
<td>1,191,009</td>
<td>455,127</td>
<td>735,882</td>
<td>.47%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>5,378</td>
<td>3,697,981</td>
<td>1,080,000</td>
<td>2,617,981</td>
<td>1.66%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>1</td>
<td>818</td>
<td>391,296</td>
<td>60,439</td>
<td>330,857</td>
<td>.21%</td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td>1</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>10</td>
<td>686</td>
<td>0</td>
<td>686</td>
<td>.00%</td>
</tr>
<tr>
<td>j Total Other Benefits</td>
<td>10</td>
<td>12,581</td>
<td>5,280,972</td>
<td>1,595,566</td>
<td>3,685,406</td>
<td>2.34%</td>
</tr>
<tr>
<td>k Total Add lines 7d and 7</td>
<td>10</td>
<td>12,581</td>
<td>55,396,744</td>
<td>63,411,971</td>
<td>4,697,587</td>
<td>2.98%</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### 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>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>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></td>
<td></td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

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

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.  
   - 12,924,273.

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).  
   - 32,455,933.

6. Enter Medicare allowable costs of care relating to payments on line 5.  

7. Subtract line 6 from line 5. This is the surplus (or shortfall).  
   - -2,660,365.

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 [X] 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.

   - Yes [X] 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></th>
<th>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization's profit % or stock ownership %</th>
<th>Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>Facility Reporting Group</th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER24 hours</th>
<th>EROther</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. FRANCIS HOSPITAL, INC.</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></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 [ ]
   - No [X]

2. **Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?**
   - Yes [X]
   - No [ ]

3. **During the tax year or either of the immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?**
   - 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 impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s) [ ]
   - Other (describe in Section C) [ ]

4. **Indicate the tax year the hospital facility last conducted a CHNA:**
   - 2016 [X]

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?**
   - Yes [X]
   - No [ ]

   **Describe in Section C how the hospital facility took into account input from persons who represent the broad community interests**

6a. **Was the hospital facility’s CHNA conducted with one or more other hospital facilities?**
   - Yes [X]
   - No [ ]

   **If "Yes," list the other hospital facilities in Section C**

6b. **Was the hospital facility’s CHNA conducted with one or more other organizations other than hospital facilities?**
   - Yes [X]
   - No [ ]

   **If "Yes," list the other organizations in Section C**

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 PART V, SECTION C**
   - 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?**
   - Yes [X]
   - No [ ]

9. **Indicate the tax year the hospital facility last adopted an implementation strategy:**
   - 2016 [X]

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(r)(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?**
    - $ [ ]
### Schedule H (Form 990) 2017
#### ST. FRANCIS HOSPITAL, INC.

#### Part V Facility Information (continued)

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

**ST. FRANCIS HOSPITAL**

**Financial Assistance Policy (FAP)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 %</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>b Income level other than FPG (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Asset level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Medical indigency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Insurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Underinsurance status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Residency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Explained the basis for calculating amounts charged to patients?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>15 Explained the method for applying for financial assistance?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; 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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Described the information the hospital facility may require an individual to provide as part of his or her application</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>16 Was widely publicized within the community served by the hospital facility?</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The FAP was widely available on a website (list url): SEE PART V, SECTION C</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>b The FAP application form was widely available on a website (list url): SEE PART V, SECTION C</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>c A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>h Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td>
<td>☒</td>
<td></td>
</tr>
<tr>
<td>j Other (describe in Section C)</td>
<td>☒</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule H (Form 990) 2017**

732095 11-28-17

12250528 794151 6504    2017.05060 ST. FRANCIS HOSPITAL, INC. 65041
Billing and Collections

Name of hospital facility or letter of facility reporting group: ST. FRANCIS 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?

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  [x] 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

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:

   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  [ ] Other (describe in Section C)
   f  [ ] 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?

   If "No," indicate why:

   a  [ ] The hospital facility did not provide care for any emergency medical conditions
   b  [ ] The hospital facility’s policy was not in writing
   c  [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
   d  [ ] Other (describe in Section C)
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

**Name of hospital facility or letter of facility reporting group:** ST. FRANCIS HOSPITAL

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Indicate how the hospital facility determined, during the tax year, the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>maximum amounts that can be charged to FAP-eligible individuals for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>emergency or other medically necessary care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility used a look-back method based on claims allowed</td>
<td>☑</td>
<td></td>
</tr>
<tr>
<td>by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The hospital facility used a look-back method based on claims allowed</td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>by Medicare fee-for-service and all private health insurers that pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>claims to the hospital facility during a prior 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility used a look-back method based on claims allowed</td>
<td></td>
<td>☑</td>
</tr>
<tr>
<td>by Medicaid, either alone or in combination with Medicare fee-for-service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and all private health insurers that pay claims to the hospital facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>during a prior 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>

| 23 During the tax year, did the hospital facility charge any FAP-eligible | ☑   |    |
| individual to whom the hospital facility provided emergency or other     |     |    |
| medically necessary services more than the amounts generally billed to   |     |    |
| individuals who had insurance covering such care?                        |     |    |
| If "Yes," explain in Section C.                                         |     |    |

| 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.                                         |     |    |
ST. FRANCIS HOSPITAL:

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

PART V, SECTION B, LINE 3E:

SAINT FRANCIS HOSPITAL, ALSO KNOWN AS SAINT FRANCIS HEALTHCARE (SAINT FRANCIS), INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

- ACCESS TO CARE
- OBESITY
- SUBSTANCE USE
- VIOLENCE

ST. FRANCIS HOSPITAL:

PART V, SECTION B, LINE 5: SAINT FRANCIS ESTABLISHED A COMMITTEE THAT INCLUDED THE SAINT FRANCIS MISSION AND MINISTRY BOARD, EXECUTIVE BOARD MEMBERS, AND EXTERNAL LEADERS FROM HENRIETTA JOHNSON MEDICAL CENTER, CHRISTIANA CARE, AND THE DELAWARE CENTER AGAINST DOMESTIC VIOLENCE, TO GUIDE AND PARTICIPATE IN THE DEVELOPMENT AND ASSESSMENT OF OUR COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN. AN INITIAL MEETING WAS HELD AT SAINT FRANCIS HOSPITAL IN OCTOBER 2016 TO BEGIN CONVERSATIONS RELATED TO COMMUNITY ISSUES AND NEEDS.
AFTER THE INITIAL MEETING, HOLLERAN CONSULTING WORKED WITH SAINT FRANCIS COMMUNITY BENEFIT LEADERS TO CREATE A KEY INFORMANT ONLINE SURVEY AND AN ONLINE COMMUNITY SURVEY. THE KEY INFORMANT SURVEY WAS OPEN FROM NOVEMBER 2016 TO DECEMBER 2016 AND WAS SENT TO A VARIETY OF EXTERNAL GROUPS INCLUDING, BUT NOT LIMITED TO, THE CITY OF WILMINGTON COUNCILMEN OF DISTRICTS 1-9, CITY OF WILMINGTON POLICE, MAYOR OFFICE STAFF AND OFFICIALS, DELAWARE DIVISION OF PUBLIC HEALTH, EZION-MOUNT CARMEL UNITED METHODIST CHURCH, THE PEACE KEEPERS, HENRIETTA JOHNSON MEDICAL CENTER, AND THE LATIN AMERICAN COMMUNITY CENTER (LACC). THE COMMUNITY SURVEY WAS OPEN TO WILMINGTON COMMUNITY MEMBERS FROM DECEMBER 2016 TO MARCH 2017 AND AVAILABLE AT SAINT FRANCIS LIFE CENTER, SAINT FRANCIS FAMILY PRACTICE OFFICE, AND VARIOUS HEALTH EVENTS. SURVEY RESPONSES WERE REPRESENTATIVE OF THE POPULATION IN WILMINGTON WHO ARE AT OR BELOW THE POVERTY LEVEL, UNINSURED AND UNDERINSURED, HOMELESS, AND/OR IMMIGRANTS.

IN ADDITION TO THE ONLINE COMMUNITY SURVEY, MEMBERS OF THE CEASE VIOLENCE TASK FORCE WENT DOOR TO DOOR IN THE 19805 ZIP CODE AREA IN MARCH 2017 TO SURVEY THE COMMUNITY, SPECIFICALLY RELATED TO VIOLENCE AND SAFETY IN THE AREA. AFTER THAT SURVEY CONCLUDED, ANOTHER COMMITTEE MEETING WAS HELD AT SAINT FRANCIS TO DISCUSS THE RESULTS AND IDENTIFY HIGH PRIORITY AREAS OF COMMUNITY NEEDS.

THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH IMPROVEMENT PLAN WERE PRESENTED AND APPROVED BY THE MISSION, MINISTRY AND ADVOCACY COMMITTEE OF THE BOARD OF DIRECTORS, AND BY THE FULL BOARD OF DIRECTORS.
ST. FRANCIS HOSPITAL:


ACCESS TO CARE

- THE SAINT FRANCIS SAINT CLARE MEDICAL OUTREACH MOBILE UNIT EXPANDED ITS SCHEDULE OF STOPS TO REACH MORE COMMUNITY MEMBERS IN NEED OF CLINICAL CARE.

- THE SAINT CLARE MEDICAL OUTREACH MOBILE UNIT BUILT PARTNERSHIPS WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS TO PROVIDE BASIC NEED SERVICES IN POOR AND HIGH VIOLENCE AREAS OF THE CITY.

- THE SAINT CLARE MEDICAL OUTREACH MOBILE UNIT CREATED A PARTNERSHIP WITH DELAWARE FOOT AND ANKLE GROUP TO ADD PODIATRY SERVICES TO BRING NEEDED SPECIALIZED CARE TO THE COMMUNITY.

OBESITY

- SAINT FRANCIS FAMILY PRACTICE OFFICE PARTNERED WITH THE YMCA TO REFER PATIENTS TO ITS DIABETES PREVENTION PROGRAM (DPP). THE DPP PROGRAM TARGETS PATIENTS WHO ARE AT RISK OF DIABETES DUE TO BMI AND INDIVIDUAL NUTRITIONAL FACTORS.

- SAINT FRANCIS OFFERED ZUMBA CLASSES TO ITS EMPLOYEES AS AN INTERNAL FOCUS ON OBESITY AND HEALTHY LIVING.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

- SAINT FRANCIS HOSTED HEALTHY KIDS EVENTS ONCE PER QUARTER IN DIFFERENT COMMUNITY CENTERS AROUND WILMINGTON TO ENCOURAGE HEALTHY EATING HABITS AMONG CHILDREN AND FAMILIES.

- SAINT FRANCIS BUILT A PARTNERSHIP WITH THE FOOD BANK OF DELAWARE TO HAVE ITS MOBILE PANTRY AT SAINT FRANCIS HOSPITAL ONCE PER QUARTER TO ADDRESS FOOD INSECURITY AND PROMOTE HEALTHY EATING.

SUBSTANCE USE

- SAINT FRANCIS PARTNERED WITH THE AMERICAN LUNG ASSOCIATION (ALA) AND THE AMERICAN CANCER SOCIETY (ACS) TO LOBBY FOR TOBACCO POLICY CHANGES IN THE STATE OF DELAWARE.

- SAINT FRANCIS PARTNERED WITH THE DELAWARE QUIT LINE TO REFER PATIENTS FOR SMOKING CESSATION ASSISTANCE.

- SAINT FRANCIS CASE MANAGEMENT TEAM PARTNERED WITH STATE PEER SPECIALISTS TO HELP EDUCATE AND FIND ASSISTANCE FOR PATIENTS ADDICTED TO OPIOIDS.

- SAINT FRANCIS ER PHYSICIAN AND EMS TEAMS BEGAN WORKING TOGETHER TO PROVIDE NARCAN AND OPIOID EDUCATION TO IDENTIFIED AREAS WITH HIGH HOMELESSNESS AND PROSTITUTION.

VIOLENCE

- SAINT FRANCIS IS A DESIGNATED LEVEL 3 TRAUMA FACILITY, MEANING THE HOSPITAL PROMPTLY CARES FOR PATIENTS WHO PRESENT WITH EMERGENCIES, SUCH AS...
COMMUNITY MEMBERS WHO HAVE BEEN INJURED DUE TO GUN VIOLENCE OR OTHER VIOLENT ACTS. THIS ALLOWS COMMUNITY MEMBERS TO BE SEEN CLOSER TO HOME AT SAINT FRANCIS, RATHER THAN TRAVEL DOWNSTATE FOR MEDICAL ASSISTANCE. THE INITIATIVE WAS SPECIFICALLY REQUESTED BY MEMBERS OF THE COMMUNITY DURING A TOWN HALL MEETING.

- SAINT FRANCIS SPONSORED A TRAUMA CONFERENCE FOR EMS STAFF THAT OFFERED TRAUMA EDUCATION ON CLOSELY ASSESSING TRAUMA CASES TO DETERMINE THE LEVEL OF TRAUMA AND SEVERITY OF INJURY IN ORDER TO TRANSPORT PATIENTS TO THE BEST HOSPITAL FOR MEDICAL ATTENTION. EMS EDUCATION IS ONGOING TO BRING MORE SERIOUS INJURIES CAUSED BY VIOLENT CRIMES TO SAINT FRANCIS HOSPITAL FOR CARE.

- THE SAINT CLARE VAN CONTINUED OFFERING CLINICAL SERVICES IN HIGH VIOLENCE AREAS OF THE CITY, INCLUDING THE HICKS ANDERSON COMMUNITY CENTER, WHICH IS LOCATED IN THE HEART OF THE CITY WITH THE HIGHEST VIOLENCE RATE. THE SAINT CLARE VAN INCLUDED THIS AREA AS ONE OF ITS WEEKLY STOPS TO PROVIDE MEDICAL ASSISTANCE TO THOSE COMMUNITY MEMBERS WHO MAY BE AFRAID TO LEAVE THEIR HOME DUE TO THE VIOLENCE IN THE AREA.

- SAINT FRANCIS CONTINUED OFFERING SPACE FOR SUPPORT MEETINGS FOR THE NEW BEGINNING NEXT STEPS SUPPORT GROUP, WHICH OFFERS GUIDANCE AND SUPPORT FOR NEWLY RELEASED PRISONERS, WITH THE GOAL OF PREVENTING REENTRY INTO THE PRISON SYSTEM AND HELPING THEM FIND EMPLOYMENT, IN ADDITION TO OTHER SUPPORT SERVICES.

- SAINT FRANCIS MADE A FINANCIAL CONTRIBUTION TO THE ANNUAL MARCH FOR
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.

PEACE. THE SAINT CLARE VAN AND EMS WERE PRESENT AT THE EVENT AND PARTICIPATED WITH OTHER COMMUNITY ORGANIZATIONS TO PLAN ACTIVITIES THAT PROMOTED PEACE THROUGHOUT THE WEEK, WHICH ALSO ALIGNED WITH THE FEAST OF SAINT FRANCIS TO PROMOTE PEACE AWARENESS.

ST. FRANCIS 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 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.

PART V, SECTION B, LINE 7A:
HTTPS://WWW.STFRANCISHEALTHCARE.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX

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.

PART V, SECTION B, LINE 10A:
HTTPS://WWW.STFRANCISHEALTHCARE.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX

PART V, SECTION B, LINE 16A:
HTTPS://WWW.STFRANCISHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B:
HTTPS://WWW.STFRANCISHEALTHCARE.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C:
HTTPS://WWW.STFRANCISHEALTHCARE.ORG/PATIENTS-VISITORS/
### FINANCIAL-ASSISTANCE

| Description 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. |
### 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? 7

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 WOMEN TO WOMEN OB/GYN</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>620 STANTON-CHRISTIANA ROAD SUITE 304</td>
<td></td>
</tr>
<tr>
<td>NEWARK, DE 19713</td>
<td></td>
</tr>
<tr>
<td>2 THE WOMAN'S PLACE</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>1100 NORTH GRANT AVENUE</td>
<td></td>
</tr>
<tr>
<td>WILMINGTON, DE 19802</td>
<td></td>
</tr>
<tr>
<td>3 CENTER OF HOPE/TINY STEPS</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>620 STANTON-CHRISTIANA ROAD SUITE 302</td>
<td></td>
</tr>
<tr>
<td>NEWARK, DE 19713</td>
<td></td>
</tr>
<tr>
<td>4 NORTH WILMINGTON WOMEN'S CENTER</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>2002 FOULK ROAD, SUITE A</td>
<td></td>
</tr>
<tr>
<td>WILMINGTON, DE 19810</td>
<td></td>
</tr>
<tr>
<td>5 DELAWARE FAMILY MEDICINE</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>2002 FOULK ROAD, SUITE D</td>
<td></td>
</tr>
<tr>
<td>WILMINGTON, DE 19810</td>
<td></td>
</tr>
<tr>
<td>6 CHRISTIANA INST. OF ADVANCED SURGERY</td>
<td>BARIATRIC CARE</td>
</tr>
<tr>
<td>537 STANTON-CHRISTIANA ROAD SUITE 102</td>
<td></td>
</tr>
<tr>
<td>NEWARK, DE 19713</td>
<td></td>
</tr>
<tr>
<td>7 SACRED HEART CENTER</td>
<td>EMPLOYED PHYSICIANS</td>
</tr>
<tr>
<td>915 N. MADISON STREET</td>
<td></td>
</tr>
<tr>
<td>WILMINGTON, DE 19801</td>
<td></td>
</tr>
</tbody>
</table>
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:**

ST. FRANCIS HOSPITAL (SAINT FRANCIS) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBmits TO THE STATE OF DELAWARE. IN ADDITION, SAINT FRANCIS REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAINT FRANCIS 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, $12,924,273, 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 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 THEREFORE NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

PART III, LINE 3:

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

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

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.
PART VI, LINE 2:
NEEDS ASSESSMENT - SAINT FRANCIS REGULARLY USES DATA FROM THE STATE OF
DELAWARE, THE CENTER FOR DISEASE CONTROL, AND THE BUREAU OF VITAL
STATISTICS TO BETTER UNDERSTAND HEALTH CHALLENGES AND NEEDS. IN ADDITION,
SAINT FRANCIS PARTICIPATES IN THE DELAWARE HEALTHTRACKER, A SERVICE
OFFERED THROUGH THE DELAWARE HEALTHCARE ASSOCIATION TO GATHER AND ANALYZE
STATISTICS RELATING TO HEALTH NEEDS IN OUR COMMUNITY.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT FRANCIS
COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT
OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR
PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED
FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS,
AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR
SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND
REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING
FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR
PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST
THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS
MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF
ADMISSION OR SERVICE.

SAINT FRANCIS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS.
THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO
NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES Spoken BY THE POPULATION SERVICED BY OUR HOSPITAL.

SAINT FRANCIS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT FRANCIS 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 - SAINT FRANCIS IS LOCATED IN THE CITY OF WILMINGTON. THE HOSPITAL'S SERVICE AREA WAS DEFINED AS THE COMMUNITY FOR THE PURPOSES OF THIS ASSESSMENT. THE SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN WILMINGTON, DELAWARE: 19801, 19802, 19804, 19805, AND 19806. WITHIN NEW CASTLE COUNTY, THE FOLLOWING ZIP CODES ARE ALSO SERVED BY SAINT FRANCIS: 19803 AND 19810 (TALLEYVILLE); 19809 (CLAYMONT); 19808 (PIKE CREEK); 19707 AND 19807 (HOCKESSIN); 19736 (YORKLYN); 19720 (NEW CASTLE); 19702, 19711, 19713, 19716 AND 19717 (NEWARK); AND 19701 (BEAR).
IN KEEPING WITH NATIONAL TRENDS, DELAWARE'S POPULATION IS MORE DIVERSE THAN 10 YEARS AGO, WITH SIGNIFICANT INCREASES IN AFRICAN AMERICAN AND HISPANIC POPULATIONS. THE CMS COMPONENT WITH THE HIGHEST PERCENTAGE IN THE SAINT FRANCIS IMMEDIATE SERVICE AREA IS RACIAL AND ETHNIC MINORITIES AT 88%, FOLLOWED BY ADULTS AGE 65 AND OVER WHO ARE LIVING IN POVERTY AT 66.2%. TWO IN FIVE SINGLE FEMALE-HEADED HOUSEHOLDS WITH CHILDREN ARE LIVING IN POVERTY (44.4%). EIGHT PERCENT OF RESIDENTS IN THE PRIMARY SERVICE AREA DO NOT SPEAK ENGLISH AND 23.2% DO NOT HAVE HIGH SCHOOL DIPLOMAS.

SAINT FRANCIS SERVES A DIVERSE COMMUNITY WHOSE MEMBERS ARE PRIMARILY AFRICAN AMERICAN, HISPANIC/LATINO, OR WHITE, AS WELL AS THOSE WHO ARE POOR AND VULNERABLE, INCLUDING THOSE WHO ARE AT OR BELOW THE POVERTY LEVEL, WHO HAVE LITTLE OR NO EDUCATION, WHO DO NOT SPEAK OR SPEAK LITTLE ENGLISH, OR WHO ARE UNINSURED OR UNDERINSURED. THE PERCENTAGE OF FAMILIES WITH CHILDREN AND SINGLE FEMALES WITH CHILDREN LIVING IN POVERTY ARE HIGHER IN THE WILMINGTON AND NEWARK AREAS OF DELAWARE. CENTER OF HOPE IS THE MAIN SERVICE AREA FOR NEWARK, SERVING A LARGE PERCENTAGE OF HISPANIC/LATINA WOMEN AND FAMILIES WITH CHILDREN.

WITHIN THE STATE OF DELAWARE, A SIGNIFICANT NUMBER OF THOSE WHO ARE POOR WITHIN THE CITY AND THE SURROUNDING NEIGHBORHOODS PURSUE CARE AT SAINT FRANCIS. ALMOST 90% OF SAINT FRANCIS ADMISSIONS COME FROM THE EMERGENCY DEPARTMENT, WHERE THOSE IN NEED OF URGENT OR IMMEDIATE CARE SEEK ASSISTANCE.

WHILE HOMELESS RATES HAVE REMAINED RELATIVELY STABLE IN DELAWARE, THERE
HAS BEEN INCREASING ATTENTION TO THE HEALTH CARE NEEDS OF THOSE IN SHELTERS AND THOSE WHO ARE IN TRANSITION (MOVING OUT OF PRISON, THE MILITARY OR STABLE RELATIONSHIPS).

PART VI, LINE 5:
OTHER INFORMATION - SERVICES PROVIDED THROUGH CENTER OF HOPE, TINY STEPS, AND THE SAINT CLARE VAN HAVE CONTINUED TO ADDRESS THE PRE-CONCEPTION, PRENATAL HEALTH, HEALTH CARE, AND SERVICE NEEDS OF FAMILIES IN DELAWARE. THERE ARE NEW PROGRAMS WITHIN THOSE SERVICE AREAS, INCLUDING A PARTNERSHIP WITH THE YMCA'S DIABETES PREVENTION PROGRAM (DPP) AND THE CENTER OF HOPE OFFICE. CENTER OF HOPE WILL SCREEN AND REFER PATIENTS WHO ARE AT RISK OF DEVELOPING DIABETES TO THE YMCA DPP, WHERE THEY WILL BE ENROLLED IN SUPPORT CLASSES AND RECEIVE EDUCATION TO HELP PREVENT DIABETES. THE SAINT CLARE VAN HAS PARTNERED WITH CATHOLIC CHARITIES TO PROVIDE BASIC NEED SERVICES ALONGSIDE THE VAN AT DIFFERENT LOCATIONS AND TO PROVIDE SERVICES SUCH AS IMMIGRATION SUPPORT, ACCESS TO FOOD AND CLOTHES CLOSETS, AND OTHER ASSISTED LIVING SUPPORT. THE TINY STEPS PROGRAM CONTINUES ITS HEALTHY EATING INITIATIVE, HELPING TO ENCOURAGE HEALTHIER EATING HABITS IN FAMILIES. FAMILIES RECEIVE A PORTION PLATE, INSTRUCTION ON HOW TO READ NUTRITION LABELS, AND RECIPES FOR MEALS THAT COST LESS THAN FIVE DOLLARS TO PREPARE.

OTHER RELATIONSHIPS BUILT WITH CATHOLIC SCHOOLS, COMMUNITY GROUPS, AND COMMUNITY PROGRAMS HAVE ALLOWED SAINT FRANCIS TO PROVIDE EDUCATION, SUPPORT, AND RESOURCES TO THE BROADER COMMUNITY. FOR EXAMPLE, SAINT FRANCIS HAS PARTNERED WITH THE LATIN AMERICAN COMMUNITY CENTER (LACC) TO PROVIDE SERVICES AND EDUCATION TO PROMOTE HEART HEALTH AND STROKE AWARENESS AND PREVENTION TO THE HISPANIC COMMUNITY. SAINT FRANCIS ALSO
CONDUCTS A HEALTH EDUCATION LECTURE SERIES AT BAYARD HOUSE, A HOME FOR PREGNANT WOMEN, WHICH PROVIDES EDUCATION ON PREGNATAL HEALTH, NUTRITION, POSTPARTUM, LABOR AND DELIVERY, AND OTHER INFORMATION TO ASSIST IN A HEALTHY PREGNANCY. A LECTURE SERIES WAS INTRODUCED TO INCLUDE PROFESSIONAL DEVELOPMENT TO HELP BAYARD HOUSE WOMEN WITH RESUME WRITING, PROFESSIONAL DRESS AND CONDUCT, AND INTERVIEW SKILLS, AS WELL AS PROVIDE INFORMATION ON GED TESTING, ASSISTED LIVING INFORMATION, AND SO ON. ADDITIONALLY, PARTNERING WITH THE WILMINGTON CONSORTIUM, HEALTHY NEIGHBORHOODS, THE HEALTH AMBASSADORS, AND OTHER COMMUNITY GROUPS HAS PROVIDED SAINT FRANCIS WITH MORE OPPORTUNITIES TO REACH AND EDUCATE COMMUNITY MEMBERS THROUGH VARIOUS OUTLETS. FOR ADDITIONAL INFORMATION, PLEASE VISIT WWW.DEHA.ORG FOR THE 10TH ANNUAL DEHA COMMUNITY BENEFIT REPORT.

SAINT FRANCIS CONTINUES TO MAKE PROGRESS TOWARD BECOMING BABY-FRIENDLY CERTIFIED. BABY-FRIENDLY HOSPITALS ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS. BREASTFEEDING POLICIES HAVE BEEN UPDATED, STAFF HAVE BEEN AND CONTINUE TO BE EDUCATED ON BABY-FRIENDLY PROCESSES AND REQUIREMENTS, AND BREASTFEEDING CLASSES AND SUPPORT GROUPS ARE AVAILABLE AT SAINT FRANCIS AND OPEN TO THE COMMUNITY. SAINT FRANCIS CONTINUES TO WORK TO DEVELOP ELECTRONIC PROCESSES AND WORKFLOW MEASURES TO COMPLETE ALL NECESSARY STEPS TO BECOME BABY-FRIENDLY CERTIFIED WITHIN THE NEXT TWO YEARS.

SAINT FRANCIS HAS ENSURED THAT 70% OF THE OPTIONS SOLD IN THE VENDING MACHINES MEET THE HEALTHIER STOCKING GUIDELINE STANDARDS. SAINT FRANCIS HAS PROMOTED HEALTHY VENDING AND HEALTHY EATING THROUGH SOCIAL MEDIA.
COMMUNICATIONS AS WELL AS LETTERS TO LOCAL SCHOOLS ENCOURAGING THEM TO CHANGE THEIR VENDING MACHINE OPTIONS TO HEALTHIER SNACK ALTERNATIVES.

SAINT FRANCIS HAS UPDATED ITS SMOKE-FREE CAMPUS POLICY TO INCLUDE ELECTRONIC CIGARETTES AND CHEWING TOBACCO MATERIALS. SIGNAGE IS POSTED AROUND THE HOSPITAL TO EDUCATE AND ENFORCE THE POLICY AMONG VISITORS, PATIENTS AND EMPLOYEES.

SAINT FRANCIS' PARTNERSHIP WITH THE AMERICAN CANCER SOCIETY AND THE AMERICAN LUNG ASSOCIATION HELPED TO PASS A STATE LAW THAT INCREASED THE CIGARETTE SALES TAX IN DELAWARE FROM $1.60 TO $2.10.

SAINT FRANCIS PARTNERED WITH FOOD BANK OF DELAWARE AND IS INVOLVED WITH THE COLLECTIVE COMMUNITY IMPACT PROJECT (CCI) TO ADDRESS FOOD INSECURITIES AND PROMOTE HEALTHY EATING AMONG KIDS AND FAMILIES.

ON APRIL 18, 2018, SAINT FRANCIS ALSO PARTNERED WITH THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK AND THE AMERICAN LUNG ASSOCIATION FOR THE 2018 DAY AT THE CAPITOL TO LOBBY FOR TOBACCO 21. THE DAY INCLUDED CONVERSATIONS WITH DELAWARE LAW MAKERS AT THE STATE CAPITOL TO ADVOCATE FOR CHANGES TO THE LEGAL AGE LIMIT TO PURCHASE TOBACCO AND TOBACCO RELATED PRODUCTS, INCLUDING E-CIGARETTES AND VAPES.

PART VI, LINE 6:
SAINT FRANCIS 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...
ST. FRANCIS HOSPITAL, INC. 51-0064326

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:

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