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

1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
   - Yes [X] No [ ]

1b. If "Yes," was it a written policy?
   - Yes [X] No [ ]

2. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:
   - [X] Applied uniformly to all hospital facilities
   - [ ] Applied uniformly to most hospital facilities
   - [ ] Generally tailored to individual hospital facilities

3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year:
   - a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
      - If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
        - [X] 100%
        - [ ] 150%
        - [ ] 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:
      - [X] 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 the "medically indigent"?
   - [X] Yes
   - [ ] No

5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   - [X] Yes
   - [ ] No
   
5b. If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
   - [X] Yes
   - [ ] No

5c. If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
   - [X] Yes
   - [ ] No

6a. Did the organization prepare a community benefit report during the tax year?
   - [X] Yes
   - [ ] No

6b. If "Yes," did the organization make it available to the public?
   - [X] Yes
   - [ ] No

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

#### Financial Assistance and Other Benefits

<table>
<thead>
<tr>
<th>Description</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>Financial Assistance and Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td></td>
<td>5,747,122</td>
<td>5,747,122</td>
<td>.92%</td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td></td>
<td>93,283,676</td>
<td>78,534,438</td>
<td>14,749,238</td>
<td>2.37%</td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td>99,030,798</td>
<td>78,534,438</td>
<td>20,496,360</td>
<td>3.29%</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>1</td>
<td>0</td>
<td>1,261</td>
<td>1,261</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>f. Health professions education (from Worksheet 5)</td>
<td>3</td>
<td>0</td>
<td>23,444,055</td>
<td>11,289,245</td>
<td>12,154,810</td>
<td>1.95%</td>
</tr>
<tr>
<td>g. Subsidized health services (from Worksheet 6)</td>
<td>14</td>
<td>159,554</td>
<td>19,389,244</td>
<td>8,999,306</td>
<td>10,389,938</td>
<td>1.67%</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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Total, Other Benefits</td>
<td>18</td>
<td>159,554</td>
<td>42,834,560</td>
<td>20,288,551</td>
<td>22,546,009</td>
<td>3.62%</td>
</tr>
<tr>
<td>k. Total, Add lines 7d and 7j</td>
<td>18</td>
<td>159,554</td>
<td>141,865,358</td>
<td>98,822,989</td>
<td>43,042,369</td>
<td>6.91%</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>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td></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?

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 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.

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).

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).

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.

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

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.

**Part IV** Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MDR/MRI TECHNICAL SERVICES, LLC</td>
<td>MRI SERVICES</td>
<td>40.00%</td>
<td>.00%</td>
<td>60.00%</td>
</tr>
<tr>
<td>2 BREAST CARE WOMEN'S HEALTH AND PARTNERS, LLC</td>
<td>CANCER CARE</td>
<td>14.28%</td>
<td>.00%</td>
<td>51.48%</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</th>
<th>Licensed hospital</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. JOSEPH'S HOSPITAL HEALTH CENTER</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>CERTIFIED HOME HEALTH AGENCY</td>
</tr>
</tbody>
</table>

301 PROSPECT AVE
SYRACUSE, NY 13203
WWW.SJHSYR.ORG
3301003H
3301003H X X X X
### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group

**ST. JOSEPH'S HOSPITAL HEALTH CENTER**

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA: 2015</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6a</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6b</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10b</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12a</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12b</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12c</td>
<td>Yes</td>
<td>No</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? 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? X
- **3.** During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? X
  - **a.** A definition of the community served by the hospital facility
  - **b.** Demographics of the community
  - **c.** Existing health care facilities and resources within the community that are available to respond to the health needs of the community
  - **d.** How data was obtained
  - **e.** The significant health needs of the community
  - **f.** Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
  - **g.** The process for identifying and prioritizing community health needs and services to meet the community health needs
  - **h.** The process for consulting with persons representing the community's interests
  - **i.** The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
  - **j.** Other (describe in Section C)

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

- **5.** In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community and identify the persons the hospital facility consulted.

- **6a.** Was the hospital facility's CHNA conducted with one or more other hospital facilities? X
  - **b.** Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? X
    - **c.** Was the hospital facility's CHNA conducted with one or more other hospital facilities? X

- **7.** Did the hospital facility make its CHNA report widely available to the public?
  - **a.** Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
  - **b.** Other website (list url):
  - **c.** 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): SEE SCHEDULE H, PART V, SECTION C
  - **b.** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

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

- **12a.** Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? X
  - **b.** If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? X
  - **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? $
Name of hospital facility or letter of facility reporting group: **ST. JOSEPH'S HOSPITAL HEALTH CENTER**

<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>Yes</td>
<td>No</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%</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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>
</tbody>
</table>

| Explained the basis for calculating amounts charged to patients?        |     |    |
| 14 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)                                      |     |    |

| Explained the method for applying for financial assistance?            |     |    |
| 15 Explained the method for applying for financial assistance?         |     |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form 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)                                      |     |    |

| Was widely publicized within the community served by the hospital facility? |     |    |
| 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): HTTPS://WWW.SJHYSR.ORG/FINANCIAL-ASSISTANCE |     |    |
| b X The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8 |     |    |
| 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

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

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

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:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

#### 20
Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- Processed incomplete and complete FAP applications
- Made presumptive eligibility determinations
- Other (describe in Section C)

None of these efforts were made.

### 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:

- 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 [ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   c [ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
   d [ ] The hospital facility used a prospective Medicare or Medicaid method

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

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .................................................................
   If "Yes," explain in Section C. 24 X
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16, 18e, 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.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 3J: PART V, SECTION B, LINE 3E:
ST. JOSEPH'S HOSPITAL HEALTH CENTER (ST. JOSEPH'S) 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:

1. PREVENTION OF CHRONIC DISEASE
2. REDUCE OBESITY IN CHILDREN AND ADULTS
3. REDUCE ILLNESS, DISABILITY AND DEATH RELATED TO TOBACCO USE AND SECONDHAND SMOKE EXPOSURE
4. PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE
5. PROMOTE A HEALTHY AND SAFE ENVIRONMENT

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 5: ST. JOSEPH'S HOSPITAL HEALTH CENTER WAS AN ACTIVE PARTICIPANT ON THE CENTRAL NEW YORK CARE COLLABORATIVE (CNYCC) ADVISORY COMMITTEE GUIDING THE CNYCC'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WHICH TOOK PLACE BETWEEN AUGUST - NOVEMBER 2014. THE STEERING COMMITTEE FOR THIS PROCESS INCLUDED BUT WAS NOT LIMITED TO REPRESENTATION FROM JOHN BEN SNOW, INC. (CONSULTING); ST. JOSEPH'S; UPSTATE MEDICAL UNIVERSITY HOSPITAL; AUBURN COMMUNITY HOSPITAL, AND FAXTON-ST. LUKE'S HOSPITAL.
PART V Facility Information (continued)

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


THE ORGANIZATIONS ENGAGED IN EACH OF THESE ACTIVITIES (INTERVIEWS, SURVEY AND STAKEHOLDER LISTENING SESSION HOST-SITES) REPRESENT A SPECTRUM OF SERVICES WITHIN ONONDAGA COUNTY, NY, INCLUDING SERVICES FOR LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY INDIVIDUALS. SPECIFICALLY, THE COMMUNITY NEEDS OR GROUPS THAT WERE REPRESENTED AND THEIR RESPECTIVE ORGANIZATIONS ARE LISTED BELOW:

- NO HEALTH INSURANCE/UNDERINSURED: CHRISTIAN HEALTH SERVICE OF SYRACUSE
- HOUSING VULNERABLE/BASIC NEED SUPPORT: SALVATION ARMY; RESCUE MISSION
- DISABLED CHILDREN AND ADULTS: ARISE CHILD AND FAMILY; ARC OF ONONDAGA
- BASIC NEEDS SUPPORT AND REFUGEE RESETTLEMENT SERVICES: CATHOLIC CHARITIES OF ONONDAGA COUNTY
- CHILD AND FAMILY SUPPORT SERVICES: ONONDAGA DEPT. OF CHILDREN AND FAMILY SERVICES; HILLSIDE FAMILY OF AGENCIES; REACH CNY, INC.; ONONDAGA CASE MANAGEMENT SERVICES, INC.
- BEHAVIORAL & MENTAL HEALTH SUPPORT SERVICES: CNY SERVICES; LIBERTY RESOURCES, INC.; SYRACUSE - BEHAVIORAL HEALTH CARE; PREVENTION NETWORK; HUTCHINGS PSYCHIATRIC CENTER/SUNRISE RECOVERY CTR.; ONONDAGA COUNTY DEPT. OF MENTAL HEALTH
WHILE THE AFOREMENTIONED COLLABORATIVE NEEDS ASSESSMENT PROCESS WAS UNDERTAKEN WITH THE GOAL OF OUTLINING PRIORITY PROJECTS FOR CENTRAL NEW YORK'S DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM (DSRIP), THE SCOPE OF THE RESULTING CHNA IS COMPREHENSIVE IN NATURE, COVERING BOTH THE NEEDS OF THE UNINSURED AND MEDICAID POPULATIONS, AND EXPLORING THE BROADER HEALTH NEEDS OF OUR COMMUNITY.

SUPPLEMENTING THE DATA PRESENTED IN THE DSRIP CHNA IS AN ASSESSMENT COMPLETED BY THE ONONDAGA COUNTY HEALTH DEPARTMENT IN APRIL 2016, IN PREPARATION FOR THE NEW YORK STATE DOH-MANDATED COMMUNITY SERVICE PLAN (SUBMITTED DECEMBER 2016). THE COMMUNITY SERVICE PLAN WAS COMPLETED IN COLLABORATION WITH THE COUNTY HEALTH DEPARTMENT AS WELL AS THE OTHER HOSPITALS IN ONONDAGA COUNTY. THE FINDINGS OF THIS STUDY LARGELY CONFIRM, AND IN SOME CIRCUMSTANCES FURTHER UNDERSCORE, COMMUNITY HEALTH NEEDS THAT SURFACED IN THE COMPREHENSIVE DSRIP ANALYSIS.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 6A: UPSTATE MEDICAL UNIVERSITY HOSPITAL, CROUSE HOSPITAL, AUBURN COMMUNITY HOSPITAL, AND FAXTON-ST. LUKE'S HOSPITAL

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 6B: THE ONONDAGA COUNTY HEALTH DEPARTMENT, JOHN BEN SNOW INC, AND THE CENTRAL NEW YORK CARE COLLABORATIVE
ST. JOSEPH'S HOSPITAL HEALTH CENTER:  

PART V, SECTION B, LINE 11: THE FOLLOWING INITIATIVES WERE UNDERTAKEN BY ST. JOSEPH'S IN FY18 TO MEET THE GOAL OF PREVENTING CHRONIC DISEASE, AND REDUCING OBESITY IN CHILDREN AND ADULTS:

1. PARTICIPATED IN THE IMPLEMENTATION OF A COLLABORATIVE, COMMUNITY-BASED PROGRAM (TRANSFORMING COMMUNITIES INITIATIVE) WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, WESTSIDE INITIATIVE, NORTHSIDE UP, SYRACUSE UNIVERSITY, AND HEALTH CONNECTIONS TO DEVELOP ENVIRONMENTS AND PROMOTE POLICY CHANGES TO IMPACT OBESITY AND TOBACCO USE

2. PARTICIPATED IN EFFORTS TO ADVOCATE FOR TOBACCO 21 LEGISLATION AT THE LOCAL (COUNTY) AND STATE LEVELS, SUCCESSFULLY PASSING TOBACCO 21 INTO LAW EFFECTIVE JANUARY 1, 2018

3. WORKED ON THE IMPLEMENTATION OF TOBACCO SCREENING AND FOLLOW-UP PROTOCOLS WITHIN HOSPITAL PRIMARY CARE CENTERS AS PART OF THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM PROJECT (DSRIP)

4. CONTINUED TO WORK COLLABORATIVELY WITH THE SYRACUSE YMCA ON PLANS TO OFFER A DIABETES PREVENTION PROGRAM FOR ELIGIBLE PATIENTS

5. CONTINUED TO OFFER SERVICES WHICH IMPROVE ACCESS TO CARE FOR UNDERSERVED POPULATIONS, AND THEREFORE HELP PREVENT THE DEVELOPMENT OF CHRONIC DISEASE AND OBESITY (INCLUDING PRIMARY CARE AND DENTAL CARE)

6. PARTICIPATED ON THE CNY BREASTFEEDING COALITION TO INCREASE THE NUMBER OF BABY-FRIENDLY HOSPITALS IN ONONDAGA COUNTY, AND TO PROMOTE AND IMPLEMENT POLICIES/PRACTICES IN SUPPORT OF COMMUNITY-BASED BREASTFEEDING

THE FOLLOWING INITIATIVES WERE IN PROCESS IN FY18 TO MEET THE GOAL OF PROMOTION OF MENTAL HEALTH AND THE PREVENTION OF SUBSTANCE ABUSE:

1. CONTINUED TO SUPPORT A HOST OF OUTPATIENT BEHAVIORAL HEALTH PROGRAMS,
INCLUDING BUT NOT LIMITED TO ADULT & CHILDREN’S OUTPATIENT SERVICES,
HEALTH HOME PROGRAM, COMMUNITY RESIDENCES, THE LINK PROGRAM, PEER ADVOCACY
PROGRAM, AND PERSONALIZED RECOVERY ORIENTED SERVICES

2. CONTINUED IMPLEMENTATION OF A "VITAL ACCESS PROVIDER" BEHAVIORAL HEALTH
GRANT PROGRAM TO EXPAND ACCESS TO SERVICES

3. TO ADDRESS A GROWING OPIOID EPIDEMIC IN THE COMMUNITY, PARTICIPATED IN
A DRUG "TAKE BACK" PROGRAM, CONDUCTED NARCAN TRAINING FOR SEVERAL
OUTPATIENT BEHAVIORAL HEALTH STAFF, AND IMPLEMENTED PROTOCOLS IN THE
EMERGENCY DEPARTMENT TO LIMIT THE PRESCRIPTION OF CERTAIN OPIOIDS

THE FOLLOWING INITIATIVES WERE UNDERTAKEN IN FY18 TO MEET THE GOAL OF
PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN:

1. MAINTAINED ACCESS TO CRITICAL OB/GYN AND FAMILY MEDICINE SERVICES
THROUGH THE HOSPITAL’S PRIMARY CARE CLINICS

2. SUPPORTED PRENATAL CARE THROUGH OUTREACH TO VULNERABLE POPULATIONS

3. IMPLEMENTED A PROJECT FOCUSED ON REDUCING PRETERM BIRTHS (THROUGH
DSRIP), WORKING WITH BIRTHING HOSPITALS AND CLINICS ON ADOPTING A MODEL OF
CARE THAT LEADS TO SUSTAINABLE SYSTEM CHANGE AROUND SEVERAL RISK FACTORS
ASSOCIATED WITH PRETERM BIRTHS, INCLUDING SCREENING FOR TOBACCO, ALCOHOL,
SUBSTANCE ABUSE, STRESS, AND ORAL CARE

ST. JOSEPH’S ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT
EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY
FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING,
UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. ST. JOSEPH’S WILL
NOT TAKE ACTION ON THE FOLLOWING HEALTH NEED:
PROMOTION OF A HEALTHY AND SAFE ENVIRONMENT: THE CHNA IDENTIFIED THE TOP 10 LEADING CAUSES OF HOSPITALIZATIONS AMONG THE GENERAL ONONDAGA COUNTY POPULATION. FALLS ACCOUNTED FOR #1 (AGE 85+; 410/10,000), #6 (AGED 75–84; 160/10,000) AND #9 (AGED 65–74; 52/10,000) OF THAT TOP 10. THESE TRENDS, COMBINED WITH THE PROJECTED POPULATION GROWTH OF THE 65+ AGE COHORT, AND THE STAKEHOLDER IDENTIFICATION OF ELDER SUPPORT AS A COMMUNITY NEED, PROVIDED THE DATA TO SUPPORT HIGHLIGHTING THIS TOPIC AS A COMMUNITY NEED.

BECAUSE THE SYSTEM LACKS THE CAPACITY AND EXPERTISE TO DEVELOP COMMUNITY-BASED, TARGETED INTERVENTIONS FOR THESE POPULATIONS, ST. JOSEPH'S HAS NOT INCLUDED THIS PRIORITY IN ITS CHNA IMPLEMENTATION PLAN.

THE HOSPITAL WILL, HOWEVER, CONTINUE TO SUPPORT CURRENT COMMUNITY-BASED PROGRAMMING AND PROVIDER EDUCATION INITIATIVES AS CAN BE ACCOMMODATED WITH CURRENT RESOURCES.

ST. JOSEPH'S HOSPITAL HEALTH CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

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.

ST. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16B, FAP APPLICATION WEBSITE:
HTTPS://WWW.SJHSYR.ORG/FINANCIAL-ASSISTANCE

ST. JOSEPH'S HOSPITAL HEALTH CENTER

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
HTTPS://WWW.SJHSYR.ORG/FINANCIAL-ASSISTANCE

ST. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 7A:
HTTPS://WWW.SJHSYR.ORG/NEWS-MEDIA-CENTER/PUBLICATIONS

ST. JOSEPH'S HOSPITAL HEALTH CENTER - PART V, SECTION B, LINE 10A:
HTTPS://WWW.SJHSYR.ORG/NEWS-MEDIA-CENTER/PUBLICATIONS
### Part V Facility Information (continued)

#### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> REGIONAL DIALYSIS CENTER</td>
<td>HEMODIALYSIS AND PERITONEAL DIALYSIS</td>
</tr>
<tr>
<td>973 JAMES STREET</td>
<td>SYRACUSE, NY 13203</td>
</tr>
<tr>
<td><strong>2</strong> CENTER FOR WOUND CARE &amp; HYPERBARIC MEDICAL</td>
<td>WOUND CARE AND HYPERBARIC MEDICINE</td>
</tr>
<tr>
<td>4000 MEDICAL CENTER DR. STE 206</td>
<td>FAYETTEVILLE, NY 13066</td>
</tr>
<tr>
<td><strong>3</strong> PHYSICAL THERAPY NORTHEAST</td>
<td>PHYSICAL THERAPY</td>
</tr>
<tr>
<td>4401 MEDICAL CENTER DR.</td>
<td>FAYETTEVILLE, NY 13066</td>
</tr>
<tr>
<td><strong>4</strong> DENTAL CLINIC</td>
<td>DENTAL CLINIC</td>
</tr>
<tr>
<td>101 UNION AVE</td>
<td>SYRACUSE, NY 13203</td>
</tr>
<tr>
<td><strong>5</strong> LABORATORY ALLIANCE OF CENTRAL NEW YORK</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>4870 NORTH JEFFERSON ST.</td>
<td>PULASKI, NY 13142</td>
</tr>
<tr>
<td><strong>6</strong> LABORATORY ALLIANCE OF CENTRAL NEW YORK</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>15 EAST GENESEE ST. STE 230</td>
<td>BALDWINSVILLE, NY 13027</td>
</tr>
<tr>
<td><strong>7</strong> LABORATORY ALLIANCE OF CENTRAL NEW YORK</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>6221 ROUTE 31 STE 108B</td>
<td>CICERO, NY 13039</td>
</tr>
<tr>
<td><strong>8</strong> LABORATORY ALLIANCE OF CENTRAL NEW YORK</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>5000 BRITTONFIELD PKWY. STE A108</td>
<td>EAST SYRACUSE, NY 13057</td>
</tr>
<tr>
<td><strong>9</strong> LABORATORY ALLIANCE OF CENTRAL NEW YORK</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>206 TOWNSHIP BLVD. STE 40</td>
<td>CAMILUS, NY 13031</td>
</tr>
<tr>
<td><strong>10</strong> LABORATORY ALLIANCE OF CENTRAL NEW YORK</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>5700 WEST GENESEE ST. STE 209</td>
<td>CAMILUS, NY 13031</td>
</tr>
</tbody>
</table>

How many non-hospital health care facilities did the organization operate during the tax year? 15
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? 15

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 LABORATORY ALLIANCE OF CENTRAL NEW YO 475 IRVING AVE. STE 100 SYRACUSE, NY 13210</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>12 LABORATORY ALLIANCE OF CENTRAL NEW YO 104 UNION AVE. STE 802 SYRACUSE, NY 13203</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>13 LABORATORY ALLIANCE OF CENTRAL NEW YO 4900 BROAD RD. STE 1K SYRACUSE, NY 13215</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>14 LABORATORY ALLIANCE OF CENTRAL NEW YO 4000 MEDICAL CENTER DR. STE 210 FAYETTEVILLE, NY 13066</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</td>
</tr>
<tr>
<td>15 LABORATORY ALLIANCE OF CENTRAL NEW YO 132 1/2 ALBANY ST. STE ANXS-1 CAZENOVIA, NY 13035</td>
<td>CLINICAL AND ANATOMIC PATHOLOGY TESTING</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.*

**PART I, LINE 6A:**

*ST. JOSEPH'S HOSPITAL HEALTH CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, ST. JOSEPH'S 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, ST. JOSEPH'S INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.*

**PART I, LINE 7:**

*The best available data was used to calculate the cost amounts reported in 2017.05060 ST. JOSEPH'S HOSPITAL HEALTH CENTER 61541*
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, $8,178,616, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSES 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 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:

ST. JOSEPH'S USES A PREDICTIVE MODEL THAT INCORPORATES TWO DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, AND (2) ESTIMATED FEDERAL POVERTY LEVEL (FPL). 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, ST. JOSEPH'S IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, THE HOSPITAL 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:

ST. JOSEPH’S 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 - IN ADDITION TO THE CHNA, ST. JOSEPH'S PARTICIPATES IN THE COMMUNITY SERVICES PLAN (COMMUNITY HEALTH IMPROVEMENT PLAN/CHIP) PROCESS WITH THE ONONDAGA COUNTY HEALTH DEPARTMENT, CROUSE HOSPITAL, UPSTATE MEDICAL UNIVERSITY HOSPITAL, SYRACUSE UNIVERSITY, AND THE CNY CARE COLLABORATIVE. THIS PROCESS FACILITATES ANOTHER ASSESSMENT OF OUR COMMUNITY'S HEALTH NEEDS, AND REQUIRES THE SUBMISSION OF A SINGLE COLLECTIVE AND COMPREHENSIVE REPORT. IN RESPONSE TO THE NEEDS IDENTIFIED, AN ACTION PLAN IS CREATED AND ALL PARTIES MEET QUARTERLY TO DISCUSS PROGRESS WITH RESPECT TO PRIORITY INITIATIVES.

ST. JOSEPH'S ALSO REVIEWS PATIENT VOLUME TRENDING TO CONTINUALLY ASSESS WHERE GAPS IN ACCESS TO CARE MAY EXIST.

LASTLY, ST. JOSEPH'S CONTINUALLY SEeks TO UNDERSTAND THE NEEDS OF THE COMMUNITY THROUGH PARTICIPATION IN COALITIONS, INCLUDING BUT NOT LIMITED TO THE TOBACCO ACTION COALITION OF CNY, THE TRANSFORMING COMMUNITIES INITIATIVE (SYRACUSE), AND THE CNY BREASTFEEDING COALITION.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - ST. JOSEPH'S 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.

ST. JOSEPH'S 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. JOSEPH'S HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. JOSEPH'S 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 - APPROXIMATELY 67% OF ST. JOSEPH'S INPATIENT MARKET SHARE IS ATTRIBUTABLE TO ONONDAGA COUNTY ALONE, AND THE MAJORITY OF CURRENT OUTPATIENT HOSPITAL-BASED SERVICES AND CLINICS ARE LOCATED WITHIN ONONDAGA COUNTY. IN ADDITION, ONONDAGA COUNTY SERVES AS THE "HUB" FOR HEALTHCARE IN THE CENTRAL NEW YORK AREA, AS IT INCLUDES TWO ADDITIONAL HOSPITALS (CROUSE HOSPITAL AND UPSTATE MEDICAL UNIVERSITY HOSPITAL), AS WELL AS A FEDERALLY QUALIFIED HEALTH CENTER (SYRACUSE COMMUNITY HEALTH CENTER).

ONONDAGA COUNTY IS HOME TO THE CITY OF SYRACUSE, WHICH IS THE LARGEST CITY IN CENTRAL NEW YORK. IT IS BORDERED BY OSWEGO, MADISON, CORTLAND, AND CAYUGA COUNTIES. MORE THAN 466,000 PEOPLE LIVE IN ONONDAGA COUNTY, ABOUT A THIRD OF WHOM LIVE IN THE CITY OF SYRACUSE. ALTHOUGH ONONDAGA HAS JUST THE ONE CITY OF SYRACUSE, THE COUNTY ALSO HAS 14 VILLAGES, 19 TOWNS, AND PART OF THE ONONDAGA NATION TERRITORY. INTERSTATES 90 AND 81 ARE THE MAJOR EAST-WEST AND NORTH-SOUTH HIGHWAYS IN ONONDAGA COUNTY.

THE AVERAGE POPULATION DENSITY THROUGHOUT THE COUNTY IS 599 PEOPLE PER SQUARE MILE. THE DENSITY IS HIGHER AROUND SYRACUSE AND LOWER AWAY FROM SYRACUSE, AROUND THE EDGES OF THE COUNTY. ONONDAGA COUNTY HAS A PREDOMINANTLY WHITE POPULATION, ALTHOUGH THERE IS A HIGHER PROPORTION OF RACIAL MINORITIES LIVING IN SYRACUSE COMPARED TO THE REST OF THE COUNTY. ONONDAGA'S SOCIOECONOMIC CONDITIONS ARE FAIRLY SIMILAR TO THOSE OF UPSTATE NEW YORK (UPSTATE NY), BUT SYRACUSE TENDS TO FARE WORSE IN TERMS OF EDUCATION, POVERTY LEVELS, AND ACCESS TO HEALTH CARE.
ABOUT A THIRD OF ONONDAGA'S RESIDENTS LIVE IN SYRACUSE, ALTHOUGH 87.4% OF
THE ONONDAGA POPULATION LIVES IN URBAN RATHER THAN RURAL AREAS. THE
MAJORITY OF ONONDAGA'S POPULATION IS WHITE (81.6%), ALTHOUGH THERE IS A
HIGHER PROPORTION OF RACIAL MINORITIES LIVING IN SYRACUSE COMPARED TO THE
REST OF ONONDAGA. FOR INSTANCE, NEARLY A THIRD OF SYRACUSE'S RESIDENTS ARE
BLACK (29.5%), WHICH IS HIGH COMPARED TO ONONDAGA COUNTY AS A WHOLE
(10.8%), GREATER UPSTATE NY (8.7%), AND NEW YORK STATE (15.7%). THERE IS
ALSO A HIGHER CONCENTRATION OF FOREIGN-BORN RESIDENTS IN SYRACUSE THAN IN
ONONDAGA COUNTY AS A WHOLE (11.1% VERSUS 7.2%, RESPECTIVELY). ONONDAGA
COUNTY'S HIGH SCHOOL EDUCATION RATES, MEDIAN HOUSEHOLD INCOME,
UNEMPLOYMENT RATE, AND POVERTY LEVELS ARE ROUGHLY COMPARABLE TO THOSE OF
UPSTATE NY. HOWEVER, SYRACUSE FARES WORSE ON THESE MEASURES COMPARED TO
ONONDAGA OVERALL. THE PROPORTION OF SYRACUSE RESIDENTS WITH LESS THAN A
HIGH SCHOOL EDUCATION IS NEARLY DOUBLE THAT OF ONONDAGA (19.9% VS. 10.6%,
RESPECTIVELY). SYRACUSE'S MEDIAN HOUSEHOLD INCOME IS ABOUT 60% OF
ONONDAGA'S ($31,459 VS. $53,593), THE UNEMPLOYMENT RATE IS MORE THAN 50%
HIGHER (11.4% VS. 7.2%), AND THE PERCENT LIVING IN POVERTY IS MORE THAN
DOUBLE THAT OF ONONDAGA COUNTY (33.6% VS. 14.3%).

PART VI, LINE 5:
OTHER INFORMATION - ST. JOSEPH'S IS ALSO A PARTICIPANT IN A COLLABORATIVE
COMMUNITY HEALTH IMPROVEMENT INITIATIVE CALLED THE "TRANSFORMING
COMMUNITIES INITIATIVE" (TCI SYRACUSE). AS PART OF TCI SYRACUSE, THE
HOSPITAL FOCUSES AS A PARTNER ON THE DEVELOPMENT OF POLICY, SYSTEMS, AND
ENVIRONMENTAL CHANGE STRATEGIES THAT WILL HAVE BROAD IMPACTS UPON
COMMUNITY HEALTH OUTCOMES. PARTNERS IN THIS INITIATIVE INCLUDE BUT ARE
NOT LIMITED TO: THE ONONDAGA COUNTY HEALTH DEPARTMENT; HEALTHECONNECTIONS;
THE NORTHSIDE URBAN PARTNERSHIP; SYRACUSE UNIVERSITY’S LERNER CENTER FOR PUBLIC HEALTH PROMOTION; THE TOBACCO ACTION COALITION OF ONONDAGA COUNTY; AND ST. JOSEPH’S HEALTH. TARGETED TCI SYRACUSE WORK INCLUDES A FOCUS ON FURTHERING THE FOLLOWING INITIATIVES: ADVOCACY FOR TOBACCO 21; IMPLEMENTATION OF ENHANCED NUTRITION STANDARDS IN EARLY CHILDHOOD CENTERS; INCREASING THE AMOUNT OF PHYSICAL ACTIVITY IN SYRACUSE CITY SCHOOLS IN ALIGNMENT WITH THE SYRACUSE CITY SCHOOL DISTRICT WELLNESS POLICY; INCREASING THE WALKABILITY OF SOME SYRACUSE NEIGHBORHOODS; AND INCREASING HEALTHY FOOD AND BEVERAGE OPTIONS IN CORNER STORES.

OVER THE COURSE OF THE REPORTABLE YEAR, THE HOSPITAL ALSO HELPED LEAD THE TOBACCO ACTION COALITION OF ONONDAGA IN COLLECTIVE ADVOCACY EFFORTS BEHIND TOBACCO 21 (STATE AND ONONDAGA COUNTY). IN ADDITION, ST. JOSEPH’S ENGAGED STAFF IN A VARIETY OF OTHER POLICY AWARENESS AND ADVOCACY OPPORTUNITIES, INCLUDING BUT NOT LIMITED TO POLICIES RELATING TO THE REDUCTION OF OPIOID ABUSE, AND THE ELIMINATION OF CANDY-FLAVORED E-CIGARETTES.

LASTLY, THE HOSPITAL ACTIVELY PARTICIPATED ON THE CNY BREASTFEEDING COALITION, WHICH IS A COMMUNITY ADVOCACY AND SUPPORT ORGANIZATION TO FURTHER COMMUNITY-BASED BREASTFEEDING.

PART VI, LINE 6:
ST. JOSEPH’S 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