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

1. **Did the organization have a financial assistance policy during the tax year?**
   - Yes [X] No [ ] 1a

2. If "Yes," was it a written policy? [ ]
   - [X] Applied uniformly to all hospital facilities
   - [ ] 1b
   - [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.**
   - [ ] Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
     - [X] Yes [ ] No
     - [X] 3a
   - [X] Did the organization use FPG as a factor in determining eligibility for providing discounted care?
     - [X] Yes [ ] No
     - [X] 3b
   - [X] 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.

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?**
   - [X] Yes [ ] No

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

6. **Did the organization prepare a community benefit report during the tax year?**
   - [X] Yes [ ] No
   - [ ] Did the organization make it available to the public?

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

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>16,201</td>
<td>3,734,892</td>
<td>747</td>
<td>3,734,145</td>
<td>.99%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>2,604</td>
<td>36,423,834</td>
<td>30,732,988</td>
<td>5,690,846</td>
<td>1.51%</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>18,805</td>
<td>40,158,726</td>
<td>30,733,735</td>
<td>9,424,991</td>
<td>2.50%</td>
<td></td>
</tr>
</tbody>
</table>

### Other Benefits

<table>
<thead>
<tr>
<th>Benefit 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>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>25</td>
<td>34,810</td>
<td>2,845,748</td>
<td>11,031</td>
<td>2,834,717</td>
<td>.75%</td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>700</td>
<td>74,121</td>
<td>8,150</td>
<td>65,971</td>
<td>.02%</td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td>4</td>
<td>6,165</td>
<td>21,002,660</td>
<td>17,023,146</td>
<td>3,979,514</td>
<td>1.05%</td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td>1</td>
<td>222</td>
<td>81,639</td>
<td>81,639</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>24</td>
<td>9,131</td>
<td>1,023,769</td>
<td>1,023,769</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>j Total Other Benefits</td>
<td>55</td>
<td>51,028</td>
<td>25,027,937</td>
<td>17,042,327</td>
<td>7,985,610</td>
<td>2.11%</td>
</tr>
<tr>
<td>k Total</td>
<td>55</td>
<td>69,833</td>
<td>40,158,726</td>
<td>30,733,735</td>
<td>9,424,991</td>
<td>4.61%</td>
</tr>
</tbody>
</table>

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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)</th>
<th>Number of activities or programs (optional)</th>
<th>(b)</th>
<th>Persons served (optional)</th>
<th>(c)</th>
<th>Total community building expense</th>
<th>(d)</th>
<th>Direct offsetting revenue</th>
<th>(e)</th>
<th>Net community building expense</th>
<th>(f)</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td>1</td>
<td>1,750</td>
<td></td>
<td>1,750</td>
<td></td>
<td></td>
<td></td>
<td>1,750</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>1</td>
<td>200</td>
<td>1,250</td>
<td>1,250</td>
<td></td>
<td></td>
<td></td>
<td>1,250</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</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>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td>1</td>
<td>750</td>
<td></td>
<td>750</td>
<td></td>
<td></td>
<td></td>
<td>750</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td>2</td>
<td>250</td>
<td>45,039</td>
<td>45,039</td>
<td></td>
<td></td>
<td></td>
<td>45,039</td>
<td>2</td>
<td>0.01%</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>5</td>
<td>450</td>
<td>48,789</td>
<td>48,789</td>
<td></td>
<td></td>
<td></td>
<td>48,789</td>
<td>5</td>
<td>0.01%</td>
</tr>
</tbody>
</table>

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

**Section A. Bad Debt Expense**

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

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 
   - 11,777,626.

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) 
   - 107,312,966.

6. Enter Medicare allowable costs of care relating to payments on line 5 
   - 116,853,098.

7. Subtract line 6 from line 5. This is the surplus (or shortfall) 
   - -9,540,132.

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

   Check the box that describes the method used:
   - [ ] Cost accounting system
   - [X] Cost to charge ratio
   - [ ] Other

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year? 
   - Yes [ ] No [X]

9b. If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.
   - Yes [X]

### Part IV: Management Companies and Joint Ventures
(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a)</th>
<th>Name of entity</th>
<th>(b)</th>
<th>Description of primary activity of entity</th>
<th>(c)</th>
<th>Organization's profit % or stock ownership %</th>
<th>(d)</th>
<th>Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e)</th>
<th>Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ENDOSCOPY CENTER AT ST. MARY'S, LP</td>
<td>MEDICAL SERVICES</td>
<td>16.35%</td>
<td>83.65%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LANCHORNE MOB PARTNERS, LP</td>
<td>INVESTMENT AND OPERATIONS</td>
<td>32.61%</td>
<td>59.92%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>SMMC MOB II, LP</td>
<td>OPERATIONS</td>
<td>65.75%</td>
<td>19.34%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>THE AMBULATORY</td>
<td>ASC SERVICES AND RELATED PROCEDURES</td>
<td>51.00%</td>
<td>49.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>HEART INSTITUTE OF ST. MARY LLC</td>
<td>CO-MANAGEMENT AGREEMENT</td>
<td>10.21%</td>
<td>89.79%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>ENDOSCOPY CENTER AT ST. MARY MGMT LLC</td>
<td>MEDICAL SERVICES</td>
<td>16.52%</td>
<td>83.48%</td>
<td></td>
<td></td>
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<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? 2

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

<table>
<thead>
<tr>
<th></th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>ST. MARY MEDICAL CENTER</td>
<td>X X</td>
<td>X X</td>
<td>TRAUMA CENTER, NEONATAL ICU</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>1201 LANGHORNE-NEWTON ROAD</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>LANGHORNE, PA 19047</td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td><a href="http://WWW.STMARYHEALTHCARE.ORG">WWW.STMARYHEALTHCARE.ORG</a></td>
<td></td>
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<tr>
<td></td>
<td>710201</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ST. MARY REHABILITATION HOSPITAL</td>
<td>X</td>
<td></td>
<td>INPATIENT REHABILITATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1201 LANGHORNE-NEWTON ROAD</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td>LANGHORNE, PA 19047</td>
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<td><a href="http://WWW.STMARYHEALTHCARE.ORG">WWW.STMARYHEALTHCARE.ORG</a></td>
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<tr>
<td></td>
<td>23760101</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V Facility Information

**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. MARY MEDICAL CENTER

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

<table>
<thead>
<tr>
<th>Line Number</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

#### Community Health Needs Assessment

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 
   - Yes: X

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. 
   - Yes: X

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. 
   - Yes: X

   *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): X
   - Other (describe in Section C): X

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

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

6a. Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C. 
   - Yes: X

6b. Was the hospital facility's CHNA conducted with one or more other organizations other than hospital facilities? If "Yes," list the other organizations in Section C. 
   - Yes: X

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

   *If "Yes," indicate how the CHNA report was made widely available (check all that apply):*
   - Hospital facility's website (list url): SEE SCHEDULE H PART V, SECTION C
   - Other website (list url): X
   - Made a paper copy available for public inspection without charge at the hospital facility: X
   - Other (describe in Section C): X

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. 
   - Yes: X

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

10. Is the hospital facility's most recently adopted implementation strategy posted on a website? 
   - Yes (list url): HTTPS://WWW.STMARYHEALTHCARE.ORG/COMMUNITYDASHBOARD
   - No: X

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

   *If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?*
   - Yes: X

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

Name of hospital facility or letter of facility reporting group  ST. MARY MEDICAL CENTER

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

    a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 %
    b No and FPG family income limit for eligibility for discounted care of 400 %
    c X Income level other than FPG (describe in Section C)
    d X Asset level
    e X Medical indigency
    f X Insurance status
    g X Underinsurance status
    h X Residency
    i X Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?

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

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

    a X The FAP was widely available on a website (list url): SEE PART V, SECTION C
    b X The FAP application form was widely available on a website (list url): SEE PART V, SECTION C
    c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C
    d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
    e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
    f X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
    g X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
    h X Notified members of the community who are most likely to require financial assistance about availability of the FAP
    i X The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
    j X Other (describe in Section C)
### Billing and Collections

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these actions or other similar actions were permitted</td>
<td>Yes</td>
</tr>
<tr>
<td>19</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Reporting to credit agency(ies)</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Selling an individual’s debt to another party</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Actions that require a legal or judicial process</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other similar actions (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>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):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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</td>
<td>Yes</td>
</tr>
<tr>
<td>b</td>
<td>Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td>Yes</td>
</tr>
<tr>
<td>c</td>
<td>Processed incomplete and complete FAP applications</td>
<td>Yes</td>
</tr>
<tr>
<td>d</td>
<td>Made presumptive eligibility determinations</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>None of these efforts were made</td>
<td></td>
</tr>
</tbody>
</table>

### Policy Relating to Emergency Medical Care

**ST. MARY MEDICAL CENTER**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>a</td>
<td>The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility’s policy was not in writing</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (describe in Section C)</td>
<td></td>
</tr>
</tbody>
</table>
### Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

**Name of hospital facility or letter of facility reporting group**: ST. MARY MEDICAL CENTER

<table>
<thead>
<tr>
<th>22</th>
<th>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period.</td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.</td>
</tr>
<tr>
<td>c</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period.</td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method.</td>
</tr>
</tbody>
</table>

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.
### Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

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

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

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>2</th>
</tr>
</thead>
</table>

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community's interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15

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

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C

6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C

7 Did the hospital facility make its CHNA report widely available to the public? *If "Yes," indicate how the CHNA report was made widely available (check all that apply)*

a 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: 20 15

10 Is the hospital facility's most recently adopted implementation strategy posted on a website?

a If "Yes," (list url): HTTPS://WWW.STMARYHEALTHCARE.ORG/COMMUNITYDASHBOARD

10b 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 |

12b Did the organization file Form 4720 to report the section 4959 excise tax? |

c If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? |

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

Name of hospital facility or letter of facility reporting group: ST. MARY REHABILITATION HOSPITAL

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .............................................................. 13 X

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

a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 %
and FPG family income limit for eligibility for discounted care of 400 %

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

c X Asset level

d X Medical indigency

e X Insurance status

f X Underinsurance status

g X Residency

h X Other (describe in Section C)

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

15 Explained the method for applying for financial assistance? .................................................................................. 15 X

If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)
explained the method for applying for financial assistance (check all that apply):

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

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

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

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

e X Other (describe in Section C)

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

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): SEE PART V, SECTION C

b X The FAP application form was widely available on a website (list url): SEE PART V, SECTION C

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

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?  

- [X] Yes  
- [ ] No  

18. Check all of the following actions against an individual that were permitted under the hospital facility’s policies during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP:

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)
- [X] None of these actions or other similar actions were permitted

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):

- [X] Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- [X] Processed incomplete and complete FAP applications
- [X] Made presumptive eligibility determinations
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

### 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:
  - [X] 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)
### Part V: Facility Information (continued)

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

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

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<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
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<td></td>
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<tr>
<td>c</td>
<td>The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</td>
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<td></td>
</tr>
<tr>
<td>d</td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
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<tr>
<td>23</td>
<td>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?</td>
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<tr>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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?</td>
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<td></td>
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<tr>
<td>If &quot;Yes,&quot; explain in Section C.</td>
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<td></td>
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</tbody>
</table>
### ST. MARY MEDICAL CENTER:

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

**PART V, SECTION B, LINE 3E:**

ST. MARY MEDICAL CENTER & ST. MARY REHABILITATION HOSPITAL:

ST. MARY MEDICAL CENTER (SMMC) AND ST. MARY REHABILITATION HOSPITAL (SMRH)

INCLUDED IN THEIR CHNA WRITTEN REPORTS 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 IDENTIFIED UNMET COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. MENTAL HEALTH (EMPHASIS ON THOSE LIVING NEAR POVERTY, UNINSURED/UNDERINSURED);

2. ROUTINE CANCER SCREENINGS (IN PARTICULAR WOMEN'S HEALTH SCREENINGS);

3. EDUCATION PROGRAMS TO SUPPORT HEALTHY LIFESTYLES;

4. EDUCATION PROGRAMS TO ADDRESS CORONARY HEART DISEASE/CANCER (FOCUS ON OLDER ADULTS); AND

5. ACCESS TO CARE.

MISSION AND SOCIAL DETERMINANTS OF HEALTH NEEDS ADDRESSED INCLUDED HOMELESSNESS, TOBACCO AND OBESITY.

---

**ST. MARY MEDICAL CENTER:**

**PART V, SECTION B, LINE 5:** COMMUNITY MEETINGS AND INTERVIEWS —
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 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.

SMMC SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS OR ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IT SERVES, INCLUDING:

LOCAL CITY AND COUNTY HEALTH DEPARTMENTS FROM EACH OF THE FIVE COUNTIES IN SOUTHEASTERN PENNSYLVANIA; MEMBERS AND/OR REPRESENTATIVES OF MEDICALLY UNSERVED, LOW-INCOME, AND MINORITY POPULATIONS; AND WRITTEN COMMENTS RECEIVED ON THE MOST RECENT CHNA AND IMPLEMENTATION STRATEGY. IN GENERAL, INPUT WAS RECEIVED ON THE UNMET HEALTH CARE NEEDS, EXISTING HEALTH CARE RESOURCES, AND SPECIAL NEEDS OF MINORITY AND MEDICALLY UNDERSERVED POPULATIONS. THE COMMUNITY MEETING WAS GUIDED BY A SET OF WRITTEN QUESTIONS THAT FOCUSED ON PARTICIPANTS' PERCEPTIONS OF THE MOST IMPORTANT PHYSICAL AND BEHAVIORAL HEALTH PROBLEMS IN THE AREA, PROGRAMS THAT SUCCESSFULLY ADDRESS THESE ISSUES, GAPS IN SERVICES, BARRIERS TO CARE, VULNERABLE AND UNDERSERVED POPULATIONS, AND HOW TO BEST REACH INDIVIDUALS IN THE COMMUNITY.

THIS INPUT WAS SOLICITED FROM 78 SERVICE AREA COMMUNITY REPRESENTATIVES OF THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS IN THE SERVICE AREA AND FROM PUBLIC HEALTH OFFICIALS, SOCIAL SERVICE PROVIDERS, AND CLINICIANS. POTENTIAL PARTICIPANTS FOR THE MEETINGS WERE IDENTIFIED BY ST. MARY STAFF WORKING WITH PUBLIC HEALTH MANAGEMENT CORPORATION, AND INVITED BY MAIL OR ELECTRONIC MAIL TO ATTEND THE MEETING.

THE INPUT WAS RECEIVED AT COMMUNITY MEETINGS ON SEPTEMBER 16 AND 29, 2015 (SOCIAL SERVICE PROVIDERS AND CLINICIANS), SEPTEMBER 24, 2015 (ENGLISH-SPEAKING RESIDENTS) AND OCTOBER 6, 2015 (SPANISH-SPEAKING RESIDENTS) AT OUR LADY OF FATIMA CHURCH, BENSALEM, PA.
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.

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

PERSONS AND ORGANIZATIONS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS:

ST. MARY MEDICAL CENTER AND OTHER ORGANIZATIONS:

CARE MANAGEMENT

ONCOLOGY

PATIENT CARE AND CHIEF NURSING OFFICER (CNO)

CHIEF MEDICAL OFFICER, ST. MARY PHYSICIAN GROUP

CODING QUALITY & CLINICAL

ANESTHESIA

CHIEF MEDICAL INFORMATION OFFICER

NEUROSCIENCE TEAM LEADER

PHYSICIAN, ST. MARY PHYSICIAN GROUP

COMMUNITY HEALTH

REPS FROM CARDIOLOGY, ORTHOPEDICS, ONCOLOGY AND NEUROLOGY SERVICE LINES

MEDICAL EXECUTIVE COMMITTEE MEMBERS

MISSION & COMMUNITY HEALTH

DEPARTMENT OF RADIOLOGY

DEPARTMENT OF MEDICINE

MOTHER BACHMANN MATERNITY CENTER & CHILDREN'S HEALTH CENTER

EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER (COO)
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.

CHOICEONE

NETWORK OF VICTIM ASSISTANCE

ST. MARY MEDICAL CENTER, CORPORATE FOUNDATIONS RELATIONS

THE PEACE CENTER, GIRLS UNLIMITED

OUR LADY OF FATIMA, PARENTING CENTER

VITA EDUCATION SERVICES

HEALTHLINK - DENTAL CLINIC

FAMILY SERVICE ASSOCIATION

LIBERTAE HALFWAY HOUSE AND LIBERTAE FAMILY HOUSE

ADVOCATES FOR HOMELESS AND THOSE IN NEED

LOWER BUCKS FAMILY YMCA

BUCKS COUNTY HEALTH IMPROVEMENT PROJECT

YWCA

LOWER BUCKS FAMILY YMCA

CATHOLIC SOCIAL SERVICES

GAUDENZIA

BUCKS COUNTY HOUSING GROUP

A WOMAN'S PLACE

MINDING YOUR MIND FOUNDATION

THE WAY HOME

UNITED WAY

LOCAL GOVERNMENT:

BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.

BUCKS COUNTY CHILDREN AND YOUTH

BUCKS COUNTY DIVISION OF HUMAN SERVICES

BUCKS COUNTY AREA AGENCY ON AGING
ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 5: COMMUNITY MEETINGS AND INTERVIEWS –

SMRH SOLICITED AND TOOK INTO ACCOUNT INPUT FROM PERSONS OR ORGANIZATIONS THAT REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IT SERVES, INCLUDING:

LOCAL CITY AND COUNTY HEALTH DEPARTMENTS FROM EACH OF THE FIVE COUNTIES IN SOUTHEASTERN PENNSYLVANIA; MEMBERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS; AND WRITTEN COMMENTS RECEIVED ON THE MOST RECENT CHNA AND IMPLEMENTATION STRATEGY. IN GENERAL, INPUT WAS RECEIVED ON THE UNMET HEALTH CARE NEEDS, EXISTING HEALTH CARE RESOURCES, AND SPECIAL NEEDS OF MINORITY AND MEDICALLY UNDERSERVED POPULATIONS. THE COMMUNITY MEETING WAS GUIDED BY A SET OF WRITTEN QUESTIONS THAT FOCUSED ON PARTICIPANTS’ PERCEPTIONS OF THE MOST IMPORTANT PHYSICAL AND BEHAVIORAL HEALTH PROBLEMS IN THE AREA, PROGRAMS THAT SUCCESSFULLY ADDRESS THESE ISSUES, GAPS IN SERVICES, BARRIERS TO CARE, VULNERABLE AND UNDERSERVED POPULATIONS, AND HOW TO BEST REACH INDIVIDUALS IN THE COMMUNITY.

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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.

(ENGLISH-SPEAKING RESIDENTS) AND OCTOBER 6, 2015 (SPANISH-SPEAKING RESIDENTS) AT OUR LADY OF FATIMA CHURCH, BENSEALEM, PA.

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

PERSONS AND ORGANIZATIONS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS:

ST. MARY MEDICAL CENTER AND OTHER ORGANIZATIONS:

CARE MANAGEMENT

ONCOLOGY

PATIENT CARE AND CHIEF NURSING OFFICER (CNO)

CHIEF MEDICAL OFFICER, ST. MARY PHYSICIAN GROUP

CODING QUALITY & CLINICAL

ANESTHESIA

CHIEF MEDICAL INFORMATION OFFICER

NEUROSCIENCE TEAM LEADER

PHYSICIAN, ST. MARY PHYSICIAN GROUP

COMMUNITY HEALTH

REPS FROM CARDIOLOGY, ORTHOPEDICS, ONCOLOGY AND NEUROLOGY SERVICE LINES

MEDICAL EXECUTIVE COMMITTEE MEMBERS

MISSION & COMMUNITY HEALTH

DEPARTMENT OF RADIOLOGY
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.

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPARTMENT OF MEDICINE</td>
<td></td>
</tr>
<tr>
<td>MOTHER BACHMANN MATERNITY CENTER &amp; CHILDREN'S HEALTH CENTER</td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT &amp; CHIEF OPERATING OFFICER (COO)</td>
<td></td>
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<tr>
<td>CHOICEONE</td>
<td></td>
</tr>
<tr>
<td>NETWORK OF VICTIM ASSISTANCE</td>
<td></td>
</tr>
<tr>
<td>ST. MARY MEDICAL CENTER, CORPORATE FOUNDATIONS RELATIONS</td>
<td></td>
</tr>
<tr>
<td>THE PEACE CENTER, GIRLS UNLIMITED</td>
<td></td>
</tr>
<tr>
<td>OUR LADY OF FATIMA, PARENTING CENTER</td>
<td></td>
</tr>
<tr>
<td>VITA EDUCATION SERVICES</td>
<td></td>
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<tr>
<td>HEALTHLINK - DENTAL CLINIC</td>
<td></td>
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<tr>
<td>FAMILY SERVICE ASSOCIATION</td>
<td></td>
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<tr>
<td>LIBERTAE HALFWAY HOUSE AND LIBERTAE FAMILY HOUSE</td>
<td></td>
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<tr>
<td>ADVOCATES FOR HOMELESS AND THOSE IN NEED</td>
<td></td>
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<tr>
<td>LOWER BUCKS FAMILY YMCA</td>
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<tr>
<td>BUCKS COUNTY HEALTH IMPROVEMENT PROJECT</td>
<td></td>
</tr>
<tr>
<td>YWCA</td>
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<tr>
<td>LOWER BUCKS FAMILY YMCA</td>
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<td>CATHOLIC SOCIAL SERVICES</td>
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<td>GAUDENZIA</td>
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<tr>
<td>BUCKS COUNTY HOUSING GROUP</td>
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<td>A WOMAN'S PLACE</td>
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<tr>
<td>MINDING YOUR MIND FOUNDATION</td>
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<td>THE WAY HOME</td>
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<td>UNITED WAY</td>
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</tbody>
</table>

LOCAL GOVERNMENT:

BUCKS COUNTY DRUG & ALCOHOL COMMISSION, INC.
Part V Facility Information

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.

BUCKS COUNTY CHILDREN AND YOUTH

BUCKS COUNTY DIVISION OF HUMAN SERVICES

BUCKS COUNTY AREA AGENCY ON AGING

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SMMC PARTNERED WITH SMRH TO CONDUCT A JOINT CHNA.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 6A: SMRH PARTNERED WITH SMMC TO CONDUCT A JOINT CHNA.

ST. MARY MEDICAL CENTER:

PART V, SECTION B, LINE 11: SMMC ADDRESSED THE FOLLOWING FIVE UNMET HEALTH NEEDS IN FISCAL YEAR 2018:

1) PROVIDED ACCESS TO QUALITY MENTAL HEALTH SERVICES AND EDUCATION PROGRAMS FOR LOW-INCOME UNINSURED PERSONS DIAGNOSED WITH A BEHAVIORAL HEALTH DISORDER IN PARTNERSHIP WITH HEALTH AND SOCIAL SERVICE AGENCIES THROUGH OUR COMMUNITY BENEFIT GRANTS PROGRAM IN FY18. FAMILY SERVICE ASSOCIATION (FSA) PROVIDED MENTAL HEALTH COUNSELING AND TREATMENT FOR 80 FAMILIES AT THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP) ADULT CLINIC AND ST. MARY CHILDREN'S HEALTH CENTER. MENTAL HEALTH SCREENING AND INTERVENTION INCLUDED ASSESSMENT, INDIVIDUAL AND FAMILY THERAPY, MEDICATION MONITORING, DEPRESSION SCREENINGS, AND PSYCHIATRIC REFERRAL AS NEEDED FOR LOW INCOME UNINSURED PATIENTS AT THE ABOVE REFERENCED HEALTH...
CENTERS. SMMC ALSO AWARDED GRANT SUPPORT TO FSA FOR SCHOOL-BASED MENTAL HEALTH COUNSELING SERVICES FOR 10 STUDENTS IN CRISIS. SUBSTANCE ABUSE RECOVERY AND STABILIZATION SERVICES FOR 12 UNINSURED BUCKS COUNTY RESIDENTS WAS PROVIDED THROUGH GRANT SUPPORT TO GAUDENZIA, INC.; GRANT SUPPORT WAS PROVIDED FOR BUCKS COUNTY HOUSING GROUP CASE MANAGEMENT SERVICES AND HOUSING FOR 22 PERSONS (8 ADULTS, 14 CHILDREN) WHO WERE CHRONICALLY HOMELESS WITH MENTAL HEALTH DISORDER; SUICIDE PREVENTION EDUCATION THROUGH MINDING YOUR MIND FOUNDATION WAS PROVIDED FOR 10,200 SCHOOL-AGED YOUTH IN 16 BUCKS COUNTY SCHOOLS.

2) IMPROVED ACCESS TO ROUTINE CANCER SCREENINGS AND EDUCATION FOR LOW-INCOME UNINSURED INDIVIDUALS, INCLUDING 226 MAMMOGRAMS FOR LOW-INCOME UNINSURED WOMEN AGES 40 AND UP WHO MEET SCREENING CRITERIA. THIS EFFORT WAS CARRIED OUT IN PARTNERSHIP WITH BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, THE ST. MARY RADIOLOGY TEAM AND BREAST SURGEON AT ST. MARY BREAST CENTER, AND THE ST. MARY REGIONAL CANCER CENTER.

3) PROVIDED HEALTHY LIFESTYLES AND HEART HEALTHY LIFESTYLE EDUCATION PROGRAMS FOR LOW-INCOME AND VULNERABLE PATIENT POPULATIONS INCLUDING: A CHILDHOOD OBESITY PREVENTION PROGRAM FOR 7,736 SCHOOL-AGED YOUTH AND THEIR FAMILIES; DIABETES PREVENTION PROGRAM FOR 99 ADULTS AT RISK FOR TYPE 2 DIABETES; INCREASED ACCESS TO HEALTHY AFFORDABLE FRESH FRUITS AND VEGETABLES FOR THOSE IN POVERTY AND THE BROADER COMMUNITY THROUGH TWO FOOD INSECURITY PROGRAMS; AND FARM TO FAMILIES AND FRESH CONNECT MOBILE FOOD PANTRY, WHICH BOTH COMBINED REACHED 4,737 COMMUNITY MEMBERS IN FY18. THESE PROGRAMS ARE CARRIED OUT IN PARTNERSHIP WITH BUCKS COUNTY SCHOOL DISTRICT NURSES, LOWER BUCKS YMCA, ST. CHRISTOPHER'S FOUNDATION FOR
CHILDREN "FARM TO FAMILIES INITIATIVE," LANCASTER FARM FRESH, AND HUNGER AND NUTRITION COALITION.

4) PROVIDED PRIMARY AND PREVENTIVE HEALTH CARE SERVICES FOR LOW-INCOME UNINSURED ELIGIBLE ADULTS AND CHILDREN THROUGH SUPPORT AND ENROLLMENT INTO MEDICAID AND ST. MARY FINANCIAL ASSISTANCE PROGRAMS. IN FY18, 2,604 MEDICAID PATIENTS RECEIVED SERVICES AT ST. MARY, AND 16,201 PATIENTS QUALIFIED AND RECEIVED ST. MARY FINANCIAL ASSISTANCE. AT THE ST. MARY CHILDREN'S HEALTH CENTER, 3,878 CHILDREN RECEIVED MEDICAL CARE AND THE MOTHER BACHMANN MATERNITY CENTER DELIVERED 350 BABIES IN FY18. ST. MARY ALSO PROVIDED GRANT SUPPORT AND CHARITY CARE FOR 822 BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP ADULT CLINIC PATIENTS.

5) THE HOMELESS, OR THOSE AT RISK OF BECOMING HOMELESS, RECEIVED IMPROVED ACCESS TO EVICTION PREVENTION RESOURCES, HOUSING, AND CASE MANAGEMENT SERVICES THROUGH OUR GRANT SUPPORT, IN PARTNERSHIP WITH BUCKS COUNTY HOUSING GROUP, A NONPROFIT ORGANIZATION WHICH PROVIDED SUPPORTIVE HOUSING FOR 80 INDIVIDUALS.

IN 2016, SMMC RECOGNIZED THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SMMC DID NOT TAKE ADDITIONAL ACTION ON THE FOLLOWING HEALTH NEEDS:

FALLS OLDER ADULTS - ST. MARY TRAUMA DEPARTMENT PROVIDES BALANCE EDUCATION AND HOME SAFETY PROGRAMS IN THE COMMUNITY. TO PREVENT DUPLICATION OF
SERVICES, NO ADDITIONAL ACTION WILL BE TAKEN.

ASTHMA IN ADULTS – THIS WAS THE FIRST TIME ASTHMA HAD BEEN SHOWN TO BE SIGNIFICANT IN THIS AREA, AND SINCE NO TREND HAS BEEN ESTABLISHED, OTHER LONGER STANDING NEEDS WERE A PRIORITY.

AFFORDABLE FOOD & SAFE PLACES TO PLAY – ALTHOUGH NOTED AT A COMMUNITY MEETING, SMMC HAS LITTLE IMPACT ON THE LONG-TERM PRICE OF FOOD AND THE "BUILT" ENVIRONMENT IN OUR COUNTY, AND THEREFORE THIS NEED WAS NOT ADDRESSED BY THE HOSPITAL. SMMC DOES, HOWEVER, ALREADY HAVE FOOD INSECURITY PROGRAMS IN PLACE IN OUR HEART HEALTHY LIFESTYLE EDUCATION PROGRAMS.

ST. MARY REHABILITATION HOSPITAL:

PART V, SECTION B, LINE 11: SMRH ADDRESSED THE UNMET HEALTH NEED OF HEALTHY LIFESTYLES AND HEART HEALTHY LIFESTYLE EDUCATION FOR LOW-INCOME AND VULNERABLE PATIENT POPULATIONS IN FY18. THE HOSPITAL TOOK THE FOLLOWING ACTIONS:

CLINICAL THERAPY STAFF EDUCATED PATIENTS AND THEIR FAMILIES, AS WELL AS COMMUNITY MEMBERS, ABOUT THE IMPORTANCE OF SAFE AND APPROPRIATE EXERCISE AND ACTIVITY. THIS WAS CONDUCTED THROUGH MONTHLY SUPPORT GROUP MEETINGS HELD AT SMRH, INCLUDING STROKE, AMPUTEE AND PARKINSON'S SUPPORT GROUPS, AND, ENGAGING COMMUNITY PARTICIPANTS IN WALKING AND NUTRITION EDUCATION ON THE ST. MARY REHABILITATION HOSPITAL WALKING TRAIL. NUTRITIONAL SERVICES STAFF ALSO EDUCATED PATIENTS AND THEIR FAMILIES ABOUT THE IMPORTANCE OF A HEALTHY AND BALANCED DIET. PARTICIPANTS LEARNED HOW TO PREPARE HEALTHY
MEALS DURING A HANDS-ON PREPARATION AND TASTING EXPERIENCE AT THE ACTIVITIES OF DAILY LIVING CENTER ON THE SMRH CAMPUS.

IN 2016, SMRH RECOGNIZED THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SMRH WILL NOT TAKE ADDITIONAL ACTION ON THE FOLLOWING HEALTH NEEDS:

MENTAL HEALTH FOR THE UNINSURED AND UNDERINSURED – SMRH DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS ADDRESSED BY SMMC AND OTHER COMMUNITY PARTNERS.

CANCER SCREENING EDUCATION AND AWARENESS, – SMRH DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS ADDRESSED BY SMMC AND OTHER COMMUNITY PARTNERS.

ACCESS TO CARE – SMRH DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS ADDRESSED BY SMMC AND OTHER COMMUNITY PARTNERS.

HOMELESSNESS – SMRH DID NOT DIRECTLY ADDRESS THIS NEED BECAUSE IT WAS ADDRESSED BY SMMC AND OTHER COMMUNITY PARTNERS.

FALLS OLDER ADULTS – ST. MARY TRAUMA DEPARTMENT PROVIDES BALANCE EDUCATION AND HOME SAFETY PROGRAMS IN THE COMMUNITY. TO PREVENT DUPLICATION OF SERVICES, NO ADDITIONAL ACTION WILL BE TAKEN.

ASTHMA IN ADULTS – THIS WAS THE FIRST TIME ASTHMA HAD BEEN SHOWN TO BE
Significant in this area, and since no trend has been established, other longer standing needs were a priority.

Affordable food & safe places to play - although noted at a community meeting, SMRH has little impact on the long-term price of food and the "built" environment in our county and, therefore this need was not addressed by the hospital. SMRH already has food insecurity programs in place in our heart healthy lifestyle education programs.

St. Mary Medical 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 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.
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, 13k, 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.

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. MARY MEDICAL CENTER 23-1913910

ST. MARY REHABILITATION 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.
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.

PATIENTS.

---

PART V, SECTION B, LINE 7A

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

HTTP://WWW.STMARYHEALTHCARE.ORG/COMMUNITYDASHBOARD

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PART V, SECTION B, LINE 10A

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

HTTP://WWW.STMARYHEALTHCARE.ORG/COMMUNITYDASHBOARD

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PART V, SECTION B, LINE 16A

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

HTTP://WWW.STMARYHEALTHCARE.ORG/FINANCIALASSISTANCE

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PART V, SECTION B, LINE 16B

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

HTTP://WWW.STMARYHEALTHCARE.ORG/FINANCIALASSISTANCE

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PART V, SECTION B, LINE 16C

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

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

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PART V, SECTION B, LINE 9

ST. MARY MEDICAL CENTER AND

ST. MARY REHABILITATION CENTER:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, EACH HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 2

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. THE AMBULATORY SURGERY CTR AT ST. MARY</td>
<td>ASC SERVICES &amp; RELATED PROCEDURES</td>
</tr>
<tr>
<td>1203 LANGHORNE NEWTON ROAD LANGHORNE, PA 19047</td>
<td></td>
</tr>
<tr>
<td>2. ENDOSCOPY CENTER AT ST. MARY LP</td>
<td>MEDICAL SERVICES</td>
</tr>
<tr>
<td>1203 LANGHORNE NEWTON ROAD</td>
<td></td>
</tr>
<tr>
<td>LANGHORNE, PA 19047</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. MARY MEDICAL CENTER (SMMC) PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF PA. IN ADDITION, SMMC 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, SMMC INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.*

---

**PART I, LINE 7:**

*THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE*
CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL’S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $11,777,626, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

SMMC SUPPORTED COMMUNITY BUILDING ACTIVITIES DESIGNED TO PROVIDE COMMUNITY SUPPORT AND TO ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS. THE HOSPITAL PROVIDED $48,789 IN COMMUNITY BUILDING SUPPORT INCLUDING: HABITAT FOR HUMANITY HOME REVITALIZATION PROGRAM FOR LOW-INCOME FAMILIES IN BUCKS COUNTY; HEALTHY FAMILIES AMERICA (HFA) PARENT AND CHILD-BONDING PROGRAM TO PREVENT CHILD ABUSE THROUGH HFA PROVIDER MATERNITY CARE COALITION; UNITED WAY SCHOOL READINESS PROGRAM TO SUPPORT YOUTH ASSET DEVELOPMENT; AND WORKFORCE DEVELOPMENT PROGRAM TO INTEREST STUDENTS IN HEALTH PROFESSIONS THROUGH SHADOWING AND PRECEPTOR PROGRAM AT SMMC.

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
PART VI Supplemental Information (Continuation)

TRANSACTIONS.

PART III, LINE 3:
SMMC 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, SMMC IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SMMC IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:
MINISTRIES FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

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:
SMMC 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.
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 - SMMC AND SMRH ASSESS THE HEALTH STATUS OF THEIR
COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL
/course of operations and in the continuous efforts to improve patient care
and the health of the overall community. To assess the health of the
/community, the hospitals evaluate patient data, purchase primary health
status and demographic data representative of our service area from public
health management corporation, and contract with truven analytics group to
provide assessment of index of concentration of various disease
categories.

SMMC'S CEO CHAIRS THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP),
which is a non-profit organization comprised of acute-care hospitals and
members from the bucks county health department and the medical society of
bucks county. This group works collaboratively to identify and reduce
health disparities in bucks county.

PART VI, LINE 3:
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SMMC & SMRH COMMUNICATE
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.

SMMC & SMRH OFFER 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.
SMMC & SMRH HAVE ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SMMC & SMRH MAKE EVERY EFFORT TO ADHERE TO THE POLICY AND ARE COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:
COMMUNITY INFORMATION - SMMC AND SMRH ARE LOCATED IN LANGHORNE, IN BUCKS COUNTY, PENNSYLVANIA. THE SERVICE AREA INCLUDES THE FOLLOWING ZIP CODES IN BUCKS COUNTY, PENNSYLVANIA: 18901, 18940, 18954, 18966, 18974, 18976, 18977, 19007, 19020, 19021, 19030, 19047, 19053, 19054, 19055, 19056, 19057, AND 19067. THE TOTAL POPULATION OF THIS SERVICE AREA DECREASED TO APPROXIMATELY 445,513 RESIDENTS IN 2015 FROM 446,942 RESIDENTS IN 2013.

IN THE SMMC AND SMRH SERVICE AREA, 20% OF RESIDENTS ARE BETWEEN THE AGES OF 0-17, 32% ARE BETWEEN 18-44, 31% ARE BETWEEN 45-64, AND 17% ARE 65 OR OLDER. APPROXIMATELY 83% OF RESIDENTS IDENTIFY AS WHITE, 6% IDENTIFY AS LATINO, 5% IDENTIFY AS BLACK, 5% IDENTIFY AS ASIAN, AND LESS THAN 2% IDENTIFY AS AN "OTHER" RACE/ETHNICITY. ENGLISH IS THE PREDOMINATELY SPOKEN LANGUAGE, WITH 87% OF RESIDENTS SPEAKING IT AT HOME. OTHER LANGUAGES REPORTED ARE SPANISH (3%) AND AN ASIAN LANGUAGE (2%).

IN THE SMMC AND SMRH SERVICE AREA, 7% OF RESIDENTS HAVE LESS THAN A HIGH SCHOOL DEGREE, 59% OF RESIDENTS HAVE A HIGH SCHOOL DIPLOMA, AND 34% HAVE A COLLEGE DEGREE OR HIGHER. APPROXIMATELY 8% OF RESIDENTS ARE UNEMPLOYED. WHEN LOOKING AT POVERTY STATUS, 4% OF FAMILIES WITHOUT CHILDREN AND 7% OF FAMILIES WITH CHILDREN ARE LIVING WITH INCOMES 150% BELOW THE FPL. THE
2015 MEDIAN HOUSEHOLD INCOME IS APPROXIMATELY $77,466 FOR RESIDENTS IN THE SMMC AND SMRH SERVICE AREA.

THE MAJORITY OF ADULTS (95%) IN THE SERVICE AREA HAVE HEALTH INSURANCE COVERAGE. HOWEVER, A SIZABLE PERCENTAGE OF ADULTS DO NOT HAVE ANY PRIVATE OR PUBLIC HEALTH INSURANCE; 5% OF ADULTS AGED 18-64 IN THE SERVICE AREA ARE UNINSURED, REPRESENTING 13,700 UNINSURED ADULTS. THIS PERCENTAGE OF UNINSURED ADULTS IS COMPARABLE TO BUCKS COUNTY AS A WHOLE (6%), AND LOWER THAN THE SOUTHEAST PENNSYLVANIA (SEPA) REGION, WHERE 9% OF ADULTS ARE UNINSURED.

THE SMMC AND SMRH SERVICE AREA, COMPRISED MAINLY OF BUCKS COUNTY COMMUNITIES, APPEARS TO BE WEALTHY WHEN COMPARED TO OTHER PARTS OF SEPA. HOWEVER, THE HIGH MEDIAN INCOME (NEARLY $77,500) AND LOW POVERTY RATES CONTRADICT SOME OF THE ECONOMIC NEED THAT IS PRESENT IN THIS SERVICE AREA. NEARLY ONE IN 15 (7%) HOUSEHOLDs WITH CHILDREN IN THE SERVICE AREA IS LIVING IN POVERTY, AS ARE 4% OF HOUSEHOLDS WITHOUT CHILDREN. THE COMMUNITY MEETING PARTICIPANTS EMPHASIZED THE CHALLENGES THAT LOW-INCOME POPULATIONS IN THIS AREA FACE WHEN ACCESSING HEALTH CARE AND OTHER HEALTH-IMPACTING RESOURCES. IN ADDITION, THEY DISCUSSED SOME OF THE WAYS THAT FAMILIES WITH MODERATE INCOMES ARE STRUGGLING TO PAY THEIR BILLS AND ACCESS HEALTH CARE DUE TO HIGH HOUSING COSTS, MEDICAL BILLS, AND OTHER EXPENSES, WHILE STILL HAVING TOO MUCH INCOME TO QUALIFY FOR AID PROGRAMS. AS ONE MEETING ATTENDEE STATED, "THE ECONOMY IS STILL IN CRISIS FOR OUR WORKING CLASS FAMILIES." CONSUMERS AND SOCIAL SERVICE PROVIDERS ALIKE REPORT THAT IT IS VERY CHALLENGING TO FIND PRIMARY CARE PROVIDERS WHO ACCEPT MEDICAID AND MANY OF THE AFFORDABLE INSURANCE PLANS AVAILABLE THROUGH HEALTHCARE.GOV.
ALTHOUGH MORE ADULTS IN THIS AREA WERE MORE LIKELY TO HAVE A REGULAR SOURCE OF CARE THAN OTHER SEPA ADULTS, ONE IN 10 (10%) STILL DID NOT HAVE A SOURCE OF CARE, AND ONE IN SEVEN (15%) DID NOT SEE A HEALTH CARE PROVIDER IN THE PAST YEAR. SOMETIMES A PHYSICIAN WILL TAKE INSURANCE BUT THE HOSPITAL AT WHICH THEY HAVE ADMITTING PRIVILEGES DOES NOT TAKE THAT INSURANCE. THE NEED TO GET LAB WORK DONE SEPARATELY FROM A DOCTOR'S VISIT IS ALSO VERY LOGISTICALLY CHALLENGING, ESPECIALLY FOR LOW-INCOME POPULATIONS. SOME INDIVIDUALS END UP USING THE EMERGENCY DEPARTMENT BECAUSE THE PRIMARY CARE PROVIDERS DO NOT HAVE SPACE IN THEIR SCHEDULE FOR URGENT CARE APPOINTMENTS – PARTICULARLY THE FEW THAT TAKE ALL INSURANCE PROVIDERS.

TRANSPORTATION TO HEALTH CARE PROVIDERS IS A HUGE ISSUE IN THE SERVICE AREA, ACCORDING TO THE COMMUNITY MEETING ATTENDEES. SERVICES ARE DIFFICULT TO REACH IN THE EVENING OR ON THE WEEKEND BECAUSE OF BUS SCHEDULES, INCLUDING TO THE ST. MARY CAMPUS. FOR THOSE WITH INSURANCE-RELATED CHALLENGES TO FINDING PROVIDERS, TRANSPORTATION OUTSIDE THE AREA TO THE PROVIDER WHO WILL TAKE THE INSURANCE IS AN ADDITIONAL BARRIER. SPECIALIST REFERRALS ARE OFTEN IN PHILADELPHIA, WHICH CAN BE A VERY LONG, MULTI-STAGE TRIP ON PUBLIC TRANSPORTATION.

HOMELESSNESS OR UNSTABLE HOUSING MAKES MEDICAL OUTCOMES WORSE FOR INDIVIDUALS WITH CHRONIC CONDITIONS. LOWER AND MODERATE INCOME FAMILIES OFTEN EXPERIENCE UNSTABLE HOUSING DUE TO THE COST OF HOUSING IN THE AREA. COMMUNITY MEETING ATTENDEES REPORTED THAT OVERCROWDED, MULTIGENERATIONAL OR EXTENDED FAMILY HOUSING IS COMMON, AND REPORTED THAT OVERCROWDED HOUSING IS LINKED TO MENTAL, BEHAVIORAL, AND/OR PHYSICAL HEALTH CHALLENGES IN ALL GENERATIONS OF RESIDENTS.
PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY MEDICAL CENTER:

THE SMMC BOARD OF DIRECTORS IS A GROUP OF COMMITTED COMMUNITY MEMBERS WHO RESIDE IN THE SMMC SERVICE AREA. THE BOARD IS SELECTED BASED ON THEIR PERSONAL QUALIFICATIONS AND KEY COMPETENCIES AND THEIR COMMITMENT TO ST. MARY MINISTRIES AND VALUES. THE BOARD CONSISTS OF A DIVERSE GROUP OF INDIVIDUALS WHO ARE REPRESENTATIVE OF THE COMMUNITY.

THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY. SMMC HAS AN EMERGENCY DEPARTMENT, OPEN 24 HOURS A DAY, WHICH TREATS ALL PERSONS NEEDING CARE, REGARDLESS OF ABILITY TO PAY. THE MEDICAL CENTER'S ANNUAL SURPLUS IS USED TO BRING UP-TO-DATE TECHNOLOGY AND FACILITIES TO THE COMMUNITY, ENABLE OUTREACH AND SERVICES TO THE UNDERSERVED IN OUR COMMUNITY, TO RESPOND TO PUBLIC HEALTH NEEDS THAT IMPROVES OVERALL COMMUNITY HEALTH, AND TO IMPROVE THE QUALITY OF CARE.

SMMC IS ACTIVELY PROMOTING HEALTH AND WELLNESS ON OUR MAIN CAMPUS BY CHANGING OUR ENVIRONMENT TO EXPAND OUR CURRENT NONSMOKING POLICY TO INCLUDE E-CIGARETTES AND OTHER NICOTINE DELIVERY DEVICES. DOOR DECALS WERE PLACED AT ALL ENTRANCES TO OUR HOSPITAL AND AT OUR PHYSICIAN-OWNED PRACTICES. EXTRA SECURITY PERSONNEL WERE HIRED TO PATROL OUR CAMPUS TO ENFORCE THIS POLICY. MATERIALS WERE ALSO MADE AVAILABLE TO DIRECT THEM TO SMOKING CESSATION CLASSES.

SMMC ALSO SUPPORTED THE AMERICAN LUNG ASSOCIATION AT OUR STATE CAPITAL TO ADVOCATE RAISING THE LEGAL AGE TO PURCHASE TOBACCO PRODUCTS TO 21 YEARS OF AGE. THE GOAL OF SMMC, AS A MEMBER OF TRINITY HEALTH, IS TO REDUCE THE
RATE OF SMOKING GREATER THAN THE NATIONAL AVERAGE IN OUR SERVICE AREA.


IN ADDITION TO DECREASING SMOKING, SMMC WAS ALSO FOCUSED ON PROVIDING ACCESS TO HEALTHY SNACKS AND PREPARED FOODS SERVED IN OUR CAFETERIA. VENDING MACHINES THROUGHOUT OUR HOSPITAL NOW STOCK 70% MORE HEALTHIER ITEMS, INCLUDING BOTH BEVERAGES AND SNACKS. SMMC ALSO REMOVED THE DEEP FRYERS FROM OUR CAFETERIA AND REPLACED THEM WITH CONVECTION OVENS, A HEALTHIER WAY TO PREPARE FOOD, THAT RESULTED IN THE DECREASE OF FAT CONTENT NORMALLY FOUND IN FRIED FOODS BY 80%. IN ADDITION, SMMC EARNED GOLD LEVEL CERTIFICATION FROM THE MINDFUL BY SODEXO PROGRAM, WHICH FURTHER ENSURES THE SMMC CAFETERIA MEETS THE STANDARDS DESIGNED TO CREATE A HEALTHY ENVIRONMENT FOR CUSTOMERS.

ACCESS TO FRESH AND AFFORDABLE FOOD OUTSIDE OF SMMC WAS ALSO A FOCUS IN FY18. SMMC IS ONE OF THE LEAD MEMBER AGENCIES IN THE HUNGER AND NUTRITION COALITION (HNC). THIS GROUP MET MONTHLY TO DEVELOP A PLAN TO ADDRESS FOOD INSECURITY IN OUR COMMUNITY, WHICH IS CURRENTLY 8.8% IN BUCKS COUNTY. THE END RESULT WAS TO HOLD A WEEKLY "POP-UP" FOOD MARKET IN TWO OF THE POOREST AREAS IN OUR COUNTY. THIS MARKET WAS DESIGNED TO SERVE RESIDENTS AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL. SMMC COLLEAGUES HELPED WITH FOOD DISTRIBUTION THROUGH THE DONATION OF A REFRIGERATED FOOD TRUCK, BAR CODE INVENTORY SYSTEM, AND ALSO BY DISTRIBUTING FOOD, SAMPLE TASTING, AND RECIPES TO QUALIFIED PATRONS OF THE FOOD MARKET.
PROMOTION OF COMMUNITY HEALTH - ST. MARY REHABILITATION HOSPITAL:

- THE MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.
- SMRH FOLLOWS THE SMMC FINANCIAL ASSISTANCE POLICY AND ALLOWS FOR TREATMENT OF THE UNINSURED AND UNDERINSURED.
- THE REHABILITATION HOSPITAL SPONSORS AND PARTICIPATES IN COMMUNITY ACTIVITIES RELATED TO ITS MISSION AND POPULATION SERVED, INCLUDING AN ANNUAL SPONSORSHIP OF THE BRAIN INJURY ASSOCIATION OF PENNSYLVANIA'S RUN-WALK-ROLL FOR BRAIN INJURY AT TYLER STATE PARK, AND HOSTING AND PARTICIPATING IN STROKE, PARKINSON'S DISEASE AND ESSENTIAL TREMOR COMMUNITY SUPPORT GROUPS.
- SMRH INCLUDES COMMUNITY MEMBERS IN BOTH INFECTION PREVENTION AND SAFETY COMMITTEE MEETINGS. THESE MEMBERS ARE SELECTED BASED ON THEIR PERSONAL QUALIFICATIONS AND KEY COMPETENCIES AND THEIR COMMITMENT TO ST. MARY MINISTRIES AND VALUES.

PART VI, LINE 6:

SMMC 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:

PA