Name of the organization: ST. MARY'S HEALTH CARE SYSTEM, INC.

Employer identification number: 58-0566223

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

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:  
   - [X] Applied uniformly to all 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?  
      - [ ] 100%  
      - [ ] 150%  
      - [X] 200%  
      - [ ] Other _______%  
   b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:  
      - [ ] 100%  
      - [ ] 150%  
      - [ ] 200%  
      - [ ] 250%  
      - [ ] 300%  
      - [ ] 350%  
      - [X] 400%  
      - [ ] Other _______%  
   c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

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

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>Financial Assistance at cost (from Worksheet 1)</td>
<td>9,251</td>
<td>9,681,558</td>
<td>9,681,558</td>
<td>.519%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>10,222</td>
<td>19,980,477</td>
<td>15,991,790</td>
<td>3,988,687</td>
<td>2.14%</td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>19,473</td>
<td>29,662,035</td>
<td>15,991,790</td>
<td>13,670,245</td>
<td>7.33%</td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td>19,473</td>
<td>29,662,035</td>
<td>15,991,790</td>
<td>13,670,245</td>
<td>7.33%</td>
<td></td>
</tr>
</tbody>
</table>

Other Benefits

<table>
<thead>
<tr>
<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>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>18</td>
<td>9,384</td>
<td>164,001</td>
<td>164,001</td>
<td>.09%</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>14</td>
<td>755</td>
<td>3,892,918</td>
<td>2,100</td>
<td>3,890,818</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>2</td>
<td>190,699</td>
<td>190,699</td>
<td>190,699</td>
<td>.10%</td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>4</td>
<td>4,375</td>
<td>212,917</td>
<td>212,917</td>
<td>.11%</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>38</td>
<td>14,514</td>
<td>4,460,535</td>
<td>2,100</td>
<td>4,458,435</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>38</td>
<td>33,987</td>
<td>34,122,570</td>
<td>15,993,890</td>
<td>18,128,680</td>
</tr>
</tbody>
</table>

Total: 140,305,141 79,415,112 2017.05060 ST. MARY'S HEALTH CARE SYST 67121

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2017

732091 11-28-17 LHA
**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>3,933.</td>
<td>9,311,331.</td>
<td>3,933.</td>
<td>.00%</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>3</td>
<td>88</td>
<td>15,909.</td>
<td>15,909.</td>
<td>.01%</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>1</td>
<td>4,364.</td>
<td>4,364.</td>
<td>.00%</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>1</td>
<td>35</td>
<td>2,321.</td>
<td>2,321.</td>
<td>.00%</td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>6</td>
<td>123</td>
<td>26,527.</td>
<td>26,527.</td>
<td>.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?  

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>9,311,331.</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>0.</td>
</tr>
</tbody>
</table>

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)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>61,809,105.</td>
</tr>
</tbody>
</table>

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>53,740,000.</td>
</tr>
</tbody>
</table>

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7,869,105.</td>
</tr>
</tbody>
</table>

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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost accounting system</td>
<td>Cost to charge ratio</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td>X</td>
</tr>
</tbody>
</table>

**Section C. Collection Practices**

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

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td>X</td>
</tr>
</tbody>
</table>

**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>
</table>

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

Schedule H (Form 990) 2017  

ST. MARY'S HEALTH CARE SYSTEM, INC.  58-0566223

Page 2

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35
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>License hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER-24 hours</th>
<th>ER-other</th>
<th>Other (describe)</th>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. MARY'S HOSPITAL</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>HOME HEALTH HOSPICE, AND OTHER OUTPATIENT CENTERS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Schedule H (Form 990) 2017

**ST. MARY'S HEALTH CARE SYSTEM, INC.**

**58-0566223**

---

#### 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'S HOSPITAL**

---

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1**

---

#### 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></td>
<td>X</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? If &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td></td>
<td>X</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)? If &quot;No,&quot; skip to line 12</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></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 of the community</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></td>
<td></td>
</tr>
</tbody>
</table>

---

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

---

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

---

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

---

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

---

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

---

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?

---

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)?

---

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

---

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

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

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

1. **Explain eligibility criteria for financial assistance, and whether such assistance included free or discounted care?**
   
   If "Yes," indicate the eligibility criteria explained in the FAP:
   
   - a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%.
   
   - b 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).

2. **Explain the basis for calculating amounts charged to patients?**

3. **Explain 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).

4. **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): SEE PART V, PAGE 8.
   
   - 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).

---

Schedule H (Form 990) 2017

ST. MARY'S HEALTH CARE SYSTEM, INC. 58-0566223

Part V Facility Information

ST. MARY'S HOSPITAL
Name of hospital facility or letter of facility reporting group  ST. MARY'S HOSPITAL

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

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

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

19  Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP?

   If “Yes,” check all actions in which the hospital facility or a third party engaged:

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

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

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

Policy Relating to Emergency Medical Care

21  Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy?

   If “No,” indicate why:

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

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

   If "Yes," explain in Section C.
ST. MARY'S HOSPITAL:

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

PART V, SECTION B, LINE 3E: ST. MARY'S HOSPITAL INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR FISCAL YEAR 2018 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

CARDIOVASCULAR HEALTH

RESPIRATORY HEALTH

MENTAL HEALTH AND SUBSTANCE ABUSE

DIABETES AND OBESITY

MATERNAL AND INFANT HEALTH

CEREBROVASCULAR HEALTH

CANCER

HIV/AIDS AND STDs

ACCESS TO HEALTH SERVICES

INJURY PREVENTION AND SAFETY

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 5: ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL AND ST. MARY'S SACRED HEART HOSPITAL) COLLABORATED IN FISCAL YEAR 2016 WITH ATHENS REGIONAL HEALTH
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. MARY'S HEALTH CARE SYSTEM, INC. 58-0566223 Page 8

Part V Facility Information (continued)

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.

SYSTEM TO COMPLETE THE FIRST EVER JOINT CHNA WITH THE GOAL OF DEVELOPING A HOLISTIC UNDERSTANDING OF THE HEALTH PRIORITIES IN THE COMMUNITIES SERVED.


THE FOLLOWING ORGANIZATIONS AND GROUPS WERE CONSULTED IN CONDUCTING ST. MARY'S HEALTH CARE SYSTEM'S JOINT CHNA:

ATHENS NURSES CLINIC

MERCY HEALTH CENTER

ATHENS NEIGHBORHOOD HEALTH CENTER

NORTHEAST HEALTH DISTRICT

UGA COLLEGE OF PUBLIC HEALTH

CLARKE COUNTY SCHOOL DISTRICT
ADVANTAGE BEHAVIORAL HEALTH SYSTEM

SALVATION ARMY

ATHENS COMMUNITY COUNCIL ON AGING

HART COUNTY HEALTH DEPARTMENT

OGLETHORPE COUNTY HEALTH DEPARTMENT

FRANKLIN COUNTY HEALTH DEPARTMENT

WALTON COUNTY HEALTH DEPARTMENT

OCONEE COUNTY RESOURCE COUNCIL

NORTHRIDGE MEDICAL CENTER

BARROW COUNTY SCHOOL SYSTEM

MADISON COUNTY HEALTH DEPARTMENT

OGLETHORPE COUNTY FAMILY CONNECTION

OASIS CATOLICO

ACTION MINISTRIES

ALL KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED BETWEEN JANUARY AND NOVEMBER OF 2015. WHEN IDENTIFYING INDIVIDUALS AND ORGANIZATIONS TO BE PART OF THE PROCESS, A PRIORITY WAS GIVEN TO ORGANIZATIONS THAT WORKED WITH VULNERABLE POPULATIONS. WE WORKED WITH SCHOOL SYSTEMS WITH PROGRAMS LIKE EARLY HEAD START/HEAD START TO LEARN MORE ABOUT CHILDREN LIVING IN POVERTY. WE ALSO MET WITH LOCAL FREE CLINICS AND THE FEDERALLY QUALIFIED HEALTH CENTER (FQHC) TO GET INPUT ON THE UNINSURED AND UNDERINSURED IN OUR REGION. TO GET INFORMATION ABOUT FAMILIES LIVING IN POVERTY, WE MET WITH INDIVIDUALS AND HAD FOCUS GROUPS THROUGH THE SALVATION ARMY, THE HOUSING AUTHORITY, AND ACTIONS MINISTRIES. WE ALSO WORKED CLOSELY WITH SOCIAL WORKERS AND OASIS CATOLICO, WHO WORK WITH OUR SPANISH SPEAKING POPULATIONS, TO LEARN MORE ABOUT THE GAPS IN
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.

CARE FOR THE MINORITY POPULATIONS IN OUR COMMUNITY.

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 6A: THE 2016 CHNA WAS CONDUCTED JOINTLY BETWEEN ST. MARY'S HEALTH CARE SYSTEM (INCLUDING ST. MARY'S HOSPITAL, GOOD SAMARITAN HOSPITAL AND ST. MARY'S SACRED HEART HOSPITAL) AND ATHENS REGIONAL HEALTH SYSTEM.

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 6B: COMMUNITY CONNECTION, A NOT-FOR-PROFIT LOCAL AGENCY IN ATHENS, GA, WAS CONTRACTED TO HELP FACILITATE THE CHNA PROCESS AND DATA COLLECTION.

PART V, SECTION B, LINE 7A:

ST. MARY'S HOSPITAL CHNA URL:

WWW.STMARYSATHENS.ORG/ABOUT-US/COMMUNITY-BENEFIT

PART V, SECTION B, LINE 10A:

ST. MARY'S HOSPITAL STRATEGY URL:

WWW.STMARYSATHENS.ORG/ABOUT-US/COMMUNITY-BENEFIT

ST. MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: THE CHNA CONDUCTED IN FISCAL YEAR 2016 IDENTIFIED 10 SIGNIFICANT HEALTH NEEDS WITHIN THE ST. MARY'S HEALTH CARE SYSTEM.
SYSTEM'S COMMUNITY. THOSE NEEDS WERE THEN PRIORITIZED BASED ON THE
REACTION AND REFLECTION TO THE FOLLOWING QUESTIONS: WHAT IS THE SEVERITY
OR PREVALENCE IN YOUR COMMUNITY? IS THIS A HEALTH NEED YOU CAN ADDRESS? DO
YOU HAVE THE NEEDED EXPERTISE, RESOURCES, AND PARTNERS? ARE YOU ALREADY
ADDRESSING THIS NEED? DO YOU HAVE THE ABILITY TO MAKE AND SHOW IMPACT? AND
WHAT OTHER PARTNERS WITHIN THE COMMUNITY ARE ALREADY ADDRESSING THIS
HEALTH NEED?

THE FOLLOWING NEEDS WERE RECOGNIZED BY ST. MARY'S HEALTH CARE SYSTEM'S
LEADERSHIP COMMITTEE AS THE MOST SIGNIFICANT ISSUES THAT MUST BE ADDRESSED
TO IMPROVE THE HEALTH AND QUALITY OF LIFE IN OUR COMMUNITY.

ACCESS TO HEALTH SERVICES - ST. MARY'S HOSPITAL INCREASED ACCESS TO
PRIMARY CARE AND PROVIDED EDUCATION ON THE APPROPRIATE UTILIZATION OF THE
VARIOUS HEALTH CARE SERVICES OFFERED IN THE HOSPITAL AND THROUGHOUT THE
COMMUNITY. FOR EXAMPLE, IN ADDITION TO PROVIDING AWARENESS EDUCATION
REGARDING OUR RESIDENCY CLINIC, WHICH SEES PRIMARILY UNINSURED AND
MEDICAID PATIENTS, WE PROVIDED EDUCATION ON APPROPRIATE UTILIZATION OF THE
EMERGENCY DEPARTMENT VS. A PRIMARY CARE DOCTOR. ST. MARY'S HOSPITAL ALSO
EDUCATED COMMUNITY MEMBERS ON OPTIONS FOR HEALTH CARE INSURANCE THROUGH
ENROLLMENT EDUCATION EVENTS. WE FOUND VARIOUS COMMUNITY PARTNERS,
INCLUDING ATHENS HOUSING AUTHORITY, ACC LIBRARY SYSTEM, CLARKE COUNTY
SCHOOL DISTRICT, AND ATHENS LAND TRUST, TO HOST PRESENTATIONS AND
EDUCATIONAL OPPORTUNITIES. AT THESE EVENTS, WE HIGHLIGHTED THE IMPORTANCE
OF HAVING A PRIMARY CARE PHYSICIAN, THE PROPER UTILIZATION OF THE
EMERGENCY DEPARTMENT, AND PROVIDED OPPORTUNITIES TO SIGN UP FOR INSURANCE.
WE NOW INCLUDE A 'FIND A DOC" TYPE STATION AT OUR COMMUNITY OUTREACH
Events, where resident physicians inform the community that they typically see uninsured and Medicaid patients, and that they accept most all other types of insurance. We also include this information on our charity care process/application.

Cerebrovascular health, diabetes and obesity, cardiovascular health, and respiratory health – St. Mary's Hospital has addressed these needs by enhancing the health fairs that are currently offered to the broader community, to not only educate the public, but to identify at-risk persons through increased screening and help them connect with appropriate local health care providers and services. In fiscal year 2018, we completed our partnership with Athens Nurses Clinic to carry out a cohort of the Diabetes Prevention Program (DPP) classes. Two nurse practitioners from Athens Nurses Clinic and one St. Mary's Hospital diabetes educator implemented DPP, hosted at Athens Nurses Clinic. This has presented some challenges for consistency and retention rates. We concluded this program with meetings to discuss the next year's program of DPP and ways that we may be able to improve and enhance our participation rates. We also began to offer one session of our freedom from smoking class in the housing authority in Athens-Clarke county. This is another example of bringing a program closer to those that need it most, by hosting the class at an offsite location through our partnership with a local community partner.

St. Mary's Hospital acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. Therefore,
ST. MARY'S HOSPITAL WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:

- HIV/AIDS AND STD'S: THIS PRIORITY IS ADDRESSED BY AIDS ATHENS, INC., A
  NOT-FOR-PROFIT ORGANIZATION SERVING ALL 10 COUNTIES IN THE NORTHEAST
  HEALTH DISTRICT (DISTRICT 10) OF GEORGIA. THIS COMMUNITY ORGANIZATION
  ADDRESSES THE NEEDS OF INDIVIDUALS INFECTED AND AFFECTED BY HIV/AIDS
  THROUGH SUPPORTIVE SERVICES AND BY PREVENTION OF THE SPREAD OF THE DISEASE
  THROUGH EDUCATION AND OUTREACH. THE HOSPITAL PROVIDES TREATMENT AND
  REFERRALS AS APPROPRIATE.

- CANCER: THE HOSPITAL IS NOT A CANCER CENTER AND DOES NOT HAVE AN
  ONCOLOGY PRACTICE, AND THEREFORE RESOURCES ARE LIMITED TO ADDRESS THIS
  NEED. ADDITIONALLY, THE HOSPITAL DOES NOT WANT TO DUPLICATE SERVICES AS
  ANOTHER HOSPITAL IN THE COMMUNITY PROVIDES THESE SERVICES WITHIN THEIR
  CANCER CENTER. HOWEVER, THE HOSPITAL WILL CONTINUE CONDUCTING SCREENINGS
  AND REFERRALS AS APPROPRIATE.

- INJURY PREVENTION AND SAFETY: THE HOSPITAL HAS A VARIETY OF SERVICES AND
  PROGRAMS IN THIS AREA, SUCH AS HELMET SAFETY, CAR SEAT SAFETY, AND HIGH
  SCHOOL CPR EDUCATION, AS WELL AS CPR CLASSES FOR LOCAL INDUSTRIES. THERE
  IS A PARTNERSHIP WITH THE UNIVERSITY OF GEORGIA ON SPORTS INJURY
  PREVENTION EDUCATION. THERE ARE ALSO OTHER LOCAL ORGANIZATIONS PROVIDING
  SAFETY AND INJURY PREVENTION EDUCATION IN THE COMMUNITY.

- MATERNAL AND INFANT HEALTH: THIS HEALTH NEED IS ALREADY BEING ADDRESSED
  BY ST. MARY'S FAMILY BIRTH CENTER AND THE PEDIATRIC HOSPICE CARE. ALSO,
  THERE IS A STRONG LOCAL WOMEN, INFANTS AND CHILDREN (WIC) CLINIC IN THE
  COUNTY.

- MENTAL HEALTH AND SUBSTANCE ABUSE: THE HOSPITAL IS PARTICIPATING IN A
  COUNTY-WIDE INITIATIVE TO COMPREHENSIVELY ADDRESS THIS NEED IN THE
ST. MARY'S 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, 16, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, LINE 16A, FAP WEBSITE:

WWW.STMARYSATHENS.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

ST. MARY'S HOSPITAL

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.STMARYSATHENS.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

ST. MARY'S HOSPITAL

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.STMARYSATHENS.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE
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? 5

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> ST. MARY'S DIAG/REHAB/WELLNESS CTR</td>
<td>RADIOLGY, REHAB, LAB, SLEEP LAB AND WELLNESS CENTER</td>
</tr>
<tr>
<td>2470 DANIELLS BRIDGE ROAD, BLDG 300</td>
<td>ATHENS, GA 30606</td>
</tr>
<tr>
<td><strong>2</strong> ST. MARY’S WOUND HEALING/INFUSION CTR</td>
<td>WOUND TREATMENT &amp; INFUSION THERAPY</td>
</tr>
<tr>
<td>4017 ATLANTA HIGHWAY, SUITE A</td>
<td>ATHENS, GA 30606</td>
</tr>
<tr>
<td><strong>3</strong> ST. MARY’S CARDIAC IMAGING</td>
<td>CARDIAC IMAGING</td>
</tr>
<tr>
<td>2470 DANIELLS BRIDGE RD, BLDG 200 #261</td>
<td>ATHENS, GA 30606</td>
</tr>
<tr>
<td><strong>4</strong> ST. MARY’S CARDIAC IMAGING</td>
<td>CARDIAC IMAGING</td>
</tr>
<tr>
<td>700 SUNSET DR, BLDG 300, STE 302</td>
<td>ATHENS, GA 30606</td>
</tr>
<tr>
<td><strong>5</strong> ST. MARY’S HOSPICE HOUSE</td>
<td>IN-PATIENT HOSPICE CARE</td>
</tr>
<tr>
<td>1660 JENNINGS MILL ROAD</td>
<td>WATKINSVILLE, GA 30677</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'S HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.**

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**IN ADDITION, ST. MARY'S HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.**

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**PART I, LINE 7:**

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

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $9,311,331, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

ST. MARY'S HOSPITAL PARTICIPATES IN SEVERAL COMMUNITY BUILDING ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES SERVED BY IMPROVING ACCESS TO HEALTH SERVICES, ENHANCING PUBLIC HEALTH, AND ADVANCING KNOWLEDGE.

WORKFORCE DEVELOPMENT - ST. MARY'S HOSPITAL HOSTS MANY VOLUNTEERS THROUGHOUT THE YEAR, INCLUDING HIGH SCHOOL AND COLLEGE STUDENTS AS WELL AS COMMUNITY MEMBERS OF ALL AGES. SEVERAL DEPARTMENTS WITHIN THE HOSPITAL ARE INVOLVED IN MENTORING STUDENTS INTERESTED IN HEALTH CARE CAREERS. THE VOLUNTEERS NOT ONLY SERVE THE HOSPITAL IN VITAL WAYS, BUT ALSO RECEIVE EXPERIENTIAL TRAINING IN HEALTH CARE IN A HOSPITAL SETTING; INCREASED EDUCATION AND TRAINING CORRELATES WITH INCREASED HEALTH STATUS. WE HAVE ALSO PARTNERED WITH THE BOY SCOUTS OF AMERICA TO BRING A MEDICAL EXPLORERS PROGRAM TO OUR FACILITY IN ORDER TO HELP STUDENTS IDENTIFY FIELDS WITHIN HEALTH CARE THAT THEY MAY HAVE AN INTEREST IN PURSUITING. THROUGH OUR PARTICIPATION IN THE MEDICAL EXPLORES PROGRAM IN FISCAL YEAR 2018, WE
Provided health career education to around 40 high school students from surrounding schools throughout the school year.

Community support – St. Mary's Hospital is a lead facilitator in local and regional preparedness activities, ensuring that Athens-Clarke County is prepared should a disaster strike. The Director of Security attends and participates in disaster management and emergency preparedness meetings throughout the year. The planning allows collaboration of state and local agencies and organizations in order to prepare for a local or statewide emergency. Planning is a vital step in disaster management and will certainly increase community health in the case of an emergency.

St. Mary's Hospital collaborates with communities, churches, businesses, and other health care organizations to facilitate and strengthen accessibility of quality comprehensive health care services for all, particularly the vulnerable and underserved populations. Our community outreach team works to staff health screenings at community events. Many employees and leaders represent the hospital and give their expertise to a variety of organizations and boards that strive to improve community health, such as Child Abuse Athens, SANE – Sexual Assault Nurses Examiners, and many more.

Economic development – St. Mary's Hospital continues to invest in initiatives that support economic development in our community. The Director of Marketing and Public Relations serves on the Oconee County Chamber of Commerce Board of Directors, and the St. Mary's Foundation Director serves on the Athens Area Chamber of Commerce Board. Additionally, the Director of Corporate Health Services serves on the
ST. MARY'S HEALTH CARE SYSTEM, INC.  58-0566223

Part VI Supplemental Information (Continuation)

STEERING COMMITTEE/BOARD OF LEAD ATHENS. LEAD ATHENS IS A LEADERSHIP DEVELOPMENT PROGRAM FOR ATHENS-CLARKE COUNTY LEADERS TO FURTHER THEIR UNDERSTANDING OF THE COMMUNITY. LEAD PARTICIPANTS LEARN ABOUT THE RESOURCES, OPPORTUNITIES, AND CHALLENGES THAT FACE OUR COMMUNITY AND COME AWAY WITH INSIGHT ON HOW THEY CAN MAKE A DIFFERENCE. THEY ARE ALSO INVOLVED IN YEARLY COMMUNITY SERVICE PROJECTS IN THE COMMUNITY.

LEADERSHIP DEVELOPMENT - THE MANAGER OF PHYSICIAN RELATIONS SERVES ON THE LEADERSHIP OCONEE STEERING COMMITTEE. THE LEADERSHIP OCONEE PROGRAM DEVELOPS LEADERS FROM WITHIN OCONEE COUNTY. THE PRIMARY PURPOSE IS TO EDUCATE THESE LEADERS WITH A WELL-ROUNDED APPROACH TO ALL THAT IS AVAILABLE AND HAPPENING WITHIN OUR COUNTY. MEMBERS OF EACH CLASS LEARN ABOUT CURRENT PROGRAMS AND SERVICES AVAILABLE, CHALLENGES WE STILL FACE AS A COMMUNITY, AND HOW THEY CAN CONTRIBUTE TO IMPROVEMENT AS A COUNTY.

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. MARY’S HEALTH CARE SYSTEM 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, ST. MARY’S HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, ST. MARY’S 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. MARY'S HEALTH CARE SYSTEM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

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

PART III, LINE 9B:
THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT
PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

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

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS
ST. MARY'S HEALTH CARE SYSTEM OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE.

NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

ST. MARY'S HEALTH CARE SYSTEM HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. ST. MARY'S HEALTH CARE SYSTEM 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 – CLARKE COUNTY, THE SMALLEST GEOGRAPHICALLY IN THE STATE, IS THE MOST POPULOUS COUNTY IN THE HOSPITAL'S SERVICE AREA. CLARKE COUNTY'S 2014 POPULATION ESTIMATE OF 120,938 REFLECTS A 3.6% INCREASE FROM
ITS 2010 ESTIMATE, MAKING IT THE FOURTH FASTEST GROWING COUNTY IN THE
AREA. OF THE TWO CITIES IN CLARKE COUNTY, ATHENS AND WINTERVILLE, ATHENS
IS BY FAR THE MOST POPULOUS AND IS LARGELY RESPONSIBLE FOR CLARKE COUNTY
HOLDING THE HIGHEST POPULATION DENSITY OF THE 17 COUNTIES, WITH 979.1
PERSONS PER SQUARE MILE. IN 2013, CLARKE COUNTY'S SENIOR POPULATION WAS
9.3%, WHICH IS BELOW THE STATE AVERAGE. CLARKE COUNTY IS ALSO AMONG THE
MOST DIVERSE COUNTIES IN THE REGION, WITH 26.6% OF ITS POPULATION BEING
AFRICAN AMERICAN, 4.2% ASIAN, AND 10.4% HISPANIC OR LATINO.

CLARKE COUNTY'S MEDIAN HOUSEHOLD INCOME, LIKELY IMPACTED BY THE LARGE
UNIVERSITY STUDENT POPULATION, IS THE THIRD LOWEST IN THE HOSPITAL'S
SERVICE AREA, AT $33,060. THIS, IN ADDITION TO CLARKE'S HIGH INCOME
INEQUALITY RATIO OF 7.5, MAY HELP FRAME THE 38% POVERTY RATE AMONG
CHILDREN. FURTHERMORE, 78.1% OF CLARKE COUNTY STUDENTS QUALIFY FOR FREE OR
REDUCED LUNCH. CLARKE'S FIVE LARGEST INDUSTRIES (RETAIL, HEALTH CARE,
FOOD SERVICE, PROFESSIONAL SERVICES, AND REAL ESTATE) HAVE A LARGE IMPACT
ON MAINTAINING THE RELATIVELY LOW UNEMPLOYMENT RATE OF 8%.

LARGELY BECAUSE OF THE PRESENCE OF THE UNIVERSITY OF GEORGIA, CLARKE
COUNTY IS ONE OF THE MOST HIGHLY EDUCATED OF THE SERVICE AREA COUNTIES,
WITH 39.5% OF THE POPULATION HAVING EARNED AT LEAST A BACHELOR'S DEGREE.
CLARKE COUNTY IS SECOND ONLY TO OCONEE COUNTY ON THIS MEASURE, AS WELL AS
ON THE PERCENTAGE OF INDIVIDUALS HAVING AT LEAST GRADUATED HIGH SCHOOL.
CLARKE COUNTY ALSO HAS THE FOURTH LOWEST PERCENTAGE (5.6%) OF THE
POPULATION WITH LESS THAN A NINTH GRADE EDUCATION AMONG THE 17 COUNTIES.
THE CLARKE COUNTY SCHOOL DISTRICT HAS SHOWN IMPROVEMENT IN ITS PERFORMANCE
OVER THE PAST FIVE YEARS, PARTICULARLY SINCE THE ARRIVAL OF THE NATIONAL
SUPERINTENDENT OF THE YEAR, DR. PHIL LANOUÉ; HOWEVER, THE DISTRICT'S
PERFORMANCE DOES NOT COMPARE WELL TO NEIGHBORING SYSTEMS IN THE HOSPITAL'S SERVICE AREA. ONLY TALIAFERRO COUNTY HAS A LOWER PERCENTAGE OF THIRD GRADE STUDENTS MEETING OR EXCEEDING THE CRCT READING STANDARDS. IN 2014, ONLY 91% OF CLARKE COUNTY THIRD GRADERS MET OR EXCEEDED THE READING STANDARD, DOWN FROM A FOUR-YEAR HIGH OF 94% IN 2013. CLARKE COUNTY'S 2014 FOUR-YEAR COHORT HIGH SCHOOL GRADUATION RATE IS THE WORST IN THE SERVICE AREA, WITH ONLY 63.2% OF STUDENTS GRADUATING ON TIME. ONLY 59.5% OF BLACK STUDENTS GRADUATED ON TIME, AS COMPARED TO 62.3% OF HISPANIC/LATINO STUDENTS AND 75.2% OF WHITE STUDENTS. IN CLARKE COUNTY, 55.5% OF 3- AND 4-YEAR-OLD CHILDREN ARE NOT ENROLLED IN PRESCHOOL, UP FROM 43.3% BETWEEN 2005 AND 2009.

IN ADDITION TO THE PRIMARY SERVICE COUNTY OF CLARKE COUNTY, THE HOSPITAL ALSO SERVES OCONEE, BARROW, JACKSON, MADISON, MORGAN, OGLETHORPE, AND WALTON COUNTIES.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY'S HOSPITAL'S OVERALL RESPONSIVENESS TO THE NEEDS OF THE COMMUNITY IS EVIDENCED BY OUR WILLINGNESS TO PARTICIPATE IN A RANGE OF COMMITTEES, COALITIONS, PANELS, ADVISORY GROUPS, COMMISSIONS, AND BOARDS. FOR EXAMPLE, IN FISCAL YEAR 2018, MANY OF THE HOSPITAL'S SENIOR LEADERSHIP DONATED THEIR TIME AND EXPERTISE TO ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH. THESE ORGANIZATIONS INCLUDE THE MERCY HEALTH CENTER, UNITED WAY OF NORTHEAST GEORGIA, AND PREVENT CHILD ABUSE ATHENS (PCAA), AND THE ATHENS HOUSING AUTHORITY, WITH WHICH WE PARTNER TO PROVIDE SMOKING CESSATION CLASSES AND RESOURCES FOR THE RESIDENTS LIVING IN ACCORDANCE WITH THEIR NEW SMOKE FREE HOUSING POLICY.
ST. MARY'S HOSPITAL IS ADVANCING HEALTH CARE BY IMPROVING ACCESS TO
EDUCATION AND TRAINING. EACH YEAR, ST. MARY'S HOSPITAL WELCOMES HUNDREDS
OF STUDENTS FROM LOCAL COLLEGES AND UNIVERSITIES WHO ARE STUDYING TO
BECOME THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS. IN FISCAL YEAR
2016, ST. MARY'S HOSPITAL HAD 10 INTERNAL MEDICINE RESIDENTS AND 10 MORE
WHO BEGAN IN FISCAL YEAR 2017. THIS PROGRAM HAS CONTINUED TO GROW, WITH
OUR FIRST GRADUATING CLASS IN MAY OF 2018. WE CURRENTLY HAVE 32 INTERNAL
MEDICINE RESIDENTS IN THE PROGRAM. CREATING A QUALITY RESIDENCY PROGRAM AT
ST. MARY'S HOSPITAL IS VITAL TO THE FUTURE OF HEALTH CARE IN NORTHEAST
GEORGIA. WE HAVE CONTINUED TO BE A MEDICAL EXPLORER'S POST FOR THE BOY
SCOUTS OF AMERICA, PROVIDING HEALTH CAREER EDUCATION TO AROUND 40 HIGH
SCHOOL STUDENTS IN FISCAL YEAR 2018 FROM SURROUNDING SCHOOLS THROUGHOUT
THE SCHOOL YEAR.

ST. MARY'S HOSPITAL IS ACTIVELY INVOLVED IN NUMEROUS COMMUNITY EVENTS THAT
BENEFIT EVERYONE FROM NEWBORNS (MARCH OF DIMES WALK) TO PEOPLE WITH
LIFE-LIMITING ILLNESSES (HOSPICE EVENTS). IN FISCAL YEAR 2018, ST. MARY'S
HOSPITAL HOSTED OR PARTICIPATED IN NUMEROUS COMMUNITY EVENTS TO PROVIDE
FREE HEALTH SCREENINGS AND INFORMATION TO AREA RESIDENTS. THE COMMUNITY
EVENTS INCLUDED THE NEXT STEP 5K AGAINST STROKE, ATHENS GOES PINK, WALTON
ELECTRIC MEMBERSHIP CORPORATION (EMC) HEALTH FAIR, JACKSON EMC HEALTH
FAIR, THE LEUKEMIA AND LYMPHOMA SOCIETY'S LIGHT THE NIGHT WALK, AND THE
ATHENS-CLARKE COUNTY GOVERNMENT EMPLOYEE HEALTH FAIR.

IN FISCAL YEAR 2018, ST. MARY'S HOSPITAL INVESTED IN THE FIREFLY TRAIL, A
PLANNED 39-MILE RAIL-TRAIL FROM ATHENS TO UNION POINT IN NORTHEAST
GEORGIA, CONNECTING ATHENS-CLARKE, OGLETHORPE, AND GREENE COUNTIES. THE
HISTORIC RAIL LINE, KNOWN AS THE ATHENS BRANCH OF THE GEORGIA RAILROAD, BRANCHED OFF THE STILL ACTIVE AUGUSTA-TO-ATLANTA LINE IN UNION POINT AND PASSED THROUGH THE TOWNS OF WOODVILLE, MAXEYS, STEPHENS, CRAWFORD, ARNOLDSVILLE AND WINTERVILLE ON ITS WAY TO ATHENS. OUR PUBLIC RELATIONS MANAGER HAS BEEN HEADING THIS MULTI-COUNTY PROJECT, AND OUR SYSTEM IS INVESTING FINANCIALLY IN ORDER TO PROVIDE A NEW OPPORTUNITY FOR THE COMMUNITY TO MAKE HEALTHY LIFE CHOICES. WE PLAN TO CONTINUE TO SUPPORT THIS INITIATIVE THROUGHOUT FISCAL YEAR 2019 AND BEYOND.

ST. MARY'S HOSPITAL ALSO PARTNERS WITH LOCAL ORGANIZATIONS TO ADVANCE THE HEALTH OF THE COMMUNITY. THE ST. MARY'S PRODUCE STAND IS IN PARTNERSHIP WITH ATHENS LAND TRUST FARMER OUTREACH PROGRAM. THE OVERALL GOAL OF THE PROGRAM IS TO INCREASE CONSUMPTION OF LOCAL PRODUCE AND SUPPORT LOCAL AGRICULTURE. THE PROGRAM FEATURES EDUCATIONAL MATERIAL, HEALTHY RECIPES CORRELATED WITH THE WEEKLY DISCOUNTED ITEM(S), AND FREE MONTHLY TASTINGS TO ENCOURAGE PARTICIPANTS TO TRY NEW PRODUCE ITEMS. WE MADE ADJUSTMENTS TO THE PROGRAM IN FISCAL YEAR 2018 AND BEGAN TO OFFER IT AT VARIOUS LOCATIONS IN OUR COMMUNITY, STRIVING TO BETTER REACH THE VULNERABLE POPULATIONS THAT MOST NEED IT. ST. MARY'S HOSPITAL ALSO PARTNERS WITH HEALTHY FAMILIES IN OUR FAMILY BIRTH CENTER TO PROVIDE NEW PARENTS WITH SUPPORT, PARENTING INFORMATION, AND REFERRALS TO COMMUNITY RESOURCES IN THE FIRST YEAR OF PARENTING.

ST. MARY'S HOSPITAL HAS A VIBRANT VOLUNTEER PROGRAM, OFFERING VARIED OPPORTUNITIES TO MEMBERS OF THE COMMUNITY TO VOLUNTEER. ST. MARY'S HOSPITAL IS HONORED THAT OVER 400 PEOPLE CHOSE TO DONATE THEIR TIME, TALENTS AND ENERGY TO ST. MARY'S HOSPITAL AS VOLUNTEERS IN FISCAL YEAR 2018. WE ESPECIALLY WANT TO HIGHLIGHT THE WORK OF OUR HOSPICE VOLUNTEERS.
MORE THAN 100 STRONG, THESE CARING INDIVIDUALS ASSIST IN ALL ASPECTS OF
OUR HOSPICE PROGRAM, FROM FUND-RAISING TO ENSURING THAT HOMELESS PERSONS
IN OUR HOSPICE HOUSE DO NOT DIE ALONE.

ST. MARY'S HEALTH CARE SYSTEM IS GOVERNED BY A BOARD OF DIRECTORS
COMMITTED TO THE VALUES OF THE SYSTEM AND TO ENSURING THAT ST. MARY'S
HOSPITAL CONTINUES ITS MISSION OF BEING A COMPASSIONATE, HEALING PRESENCE
IN OUR COMMUNITY. ST. MARY'S HOSPITAL HAS A 16-MEMBER BOARD COMPRISED OF A
MAJORITY OF COMMUNITY MEMBERS.

IN ADDITION, ST. MARY'S HOSPITAL OPERATES A 24-HOUR EMERGENCY DEPARTMENT
THAT IS ACCESSIBLE TO ANYONE NEEDING CARE REGARDLESS OF ABILITY TO PAY AND
MAINTAINS AN OPEN MEDICAL STAFF.

PART VI, LINE 6:

ST. MARY'S HEALTH CARE SYSTEM 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.