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

#### 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>3,511</td>
<td></td>
<td>2,412,546.</td>
<td>2,412,546.</td>
<td>7.44%</td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>5,056</td>
<td></td>
<td>5,917,981.</td>
<td>5,051,161.</td>
<td>866,820.</td>
<td>2.67%</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>8,567</td>
<td>8,330,527.</td>
<td>5,051,161.</td>
<td>3,279,366.</td>
<td>10.11%</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Benefits

<table>
<thead>
<tr>
<th>Other Benefits</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>10</td>
<td>3,729</td>
<td>67,557.</td>
<td>67,557.</td>
<td>.21%</td>
<td></td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>2</td>
<td>73</td>
<td>46,547.</td>
<td>46,547.</td>
<td>.14%</td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>1</td>
<td>1,079.</td>
<td>1,079.</td>
<td>1,079.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>13</td>
<td>3,802</td>
<td>115,183.</td>
<td>115,183.</td>
<td>.35%</td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7</td>
<td>13</td>
<td>12,369</td>
<td>8,445,710.</td>
<td>5,051,161.</td>
<td>3,394,549.</td>
<td>10.46%</td>
</tr>
</tbody>
</table>
### Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td>472.</td>
<td></td>
<td>472.</td>
<td>.00%</td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>2</td>
<td>100</td>
<td>1,547.</td>
<td>1,547.</td>
<td>.00%</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td>1</td>
<td>368</td>
<td>1,530.</td>
<td>1,530.</td>
<td>.00%</td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>4</td>
<td>468</td>
<td>3,549.</td>
<td>3,549.</td>
<td>.00%</td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

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

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

3. 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)  
   - 7,327,738.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - 8,576,543.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - -1,248,805.

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.

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

#### Section C. Collection Practices

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

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

### Part IV Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th></th>
<th>(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>

732092 11-28-17
### Section A. Hospital Facilities

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

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

<table>
<thead>
<tr>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>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 ST. MARY'S SACRED HEART HOSPITAL</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>367 CLEAR CREEK PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAVONIA, GA 30553</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.STMARYSSACREDHEART.ORG">WWW.STMARYSSACREDHEART.ORG</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LICENSE #059-708</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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></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?</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)?</td>
<td>X</td>
<td></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</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: 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 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: 20, 15

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 SACRED HEART HOSPITAL

**Financial Assistance Policy (FAP)**

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

13. **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:

   13. **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%**

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

15. **Explain the method for applying for financial assistance?**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td>X</td>
</tr>
<tr>
<td>g</td>
<td>X</td>
</tr>
<tr>
<td>h</td>
<td>X</td>
</tr>
</tbody>
</table>

**Schedule H (Form 990) 2017**

**ST. MARY'S SACRED HEART HOSPITAL, INC. 47-3752176**

**Part V Facility Information (continued)**
### Billing and Collections

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these actions or other similar actions were permitted</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If “Yes,” check all actions in which the hospital facility or a third party engaged:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Processed incomplete and complete FAP applications</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d Made presumptive eligibility determinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these efforts were made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If “No,” indicate why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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. The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period [X]

   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? [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? [X]

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

ST MARY'S SACRED HEART HOSPITAL:

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

PART V, SECTION B, LINE 3E: ST MARY'S SACRED HEART 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 & SAFETY

ST MARY'S SACRED HEART 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.

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
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.

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
CARE FOR THE MINORITY POPULATIONS IN OUR COMMUNITY.

ST MARY'S SACRED HEART 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 SACRED HEART 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 SACRED HEART HOSPITAL CHNA URL:
WWW.STMARYSSACREDHEART.ORG/ABOUT-US/MISSION-AND-VALUES/COMMUNITY-BENEFIT

PART V, SECTION B LINE 10A:

ST. MARY'S HOSPITAL SACRED HEART STRATEGY URL:
WWW.STMARYSSACREDHEART.ORG/ABOUT-US/MISSION-AND-VALUES/COMMUNITY-BENEFIT

ST MARY'S SACRED HEART 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'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 CARE - LACK OF PHYSICIANS, ESPECIALLY SPECIALIST SERVICES, FORCES MANY FRANKLIN AND HART COUNTY RESIDENTS TO TRAVEL OUTSIDE OF THE COUNTY IN ORDER TO GET THE CARE THEY NEED. ST. MARY'S SACRED HEART HOSPITAL IS COMMITTED TO RECRUITING MORE PHYSICIANS TO FILL THE GAPS IN COVERAGE, ENABLING COMMUNITY MEMBERS TO RECEIVE MEDICAL CARE IN THEIR OWN TOWN. WE WORKED DILIGENTLY TO LEVERAGE OUR PARTNERSHIPS AND RESOURCES IN ORDER TO BRING TWO NEW FULL-TIME GENERAL SURGEONS TO THE SACRED HEART MARKET. WE ALSO ADDED AN ORTHOPEDIC SURGEON TO THE MEDICAL STAFF WHO BEGAN COVERING CALLS FOR PATIENTS IN OUR SERVICE AREA. IN ADDITION, ST. MARY'S SACRED HEART HOSPITAL ADDED A MIDLEVEL PRACTITIONER TO THE MEDICAL GROUP PRACTICE, AND WE ARE ACTIVELY LOOKING FOR ANOTHER PRIMARY CARE PROVIDER TO ADD TO THE SERVICE AREA. WE HOPE THAT OVER TIME WE CAN HELP ELIMINATE OR REDUCE THE PHYSICIAN SHORTAGE IN THE SERVICE AREA. IN ADDITION, ST. MARY'S SACRED HEART HOSPITAL OFFERED FREE MAMMOGRAMS TO UNINSURED INDIVIDUALS IN OUR COMMUNITY IN THE MONTH OF OCTOBER. WE HAVE CONTINUED AND EXPANDED OUR
MEDICATION ASSISTANCE PROGRAM, UTILIZING OUR CASE MANAGEMENT DEPARTMENT

FOR SCREENING AND RECOMMENDATIONS, AND WE PROVIDED MEDICATIONS THROUGH OUR LOCAL COMMUNITY PHARMACY TO THOSE INDIVIDUALS WHO WERE UNABLE TO PAY. THIS SAME SCREENING PROCESS WAS ALSO USED FOR OTHER DISCHARGE RESOURCES THAT NEEDED TO BE COVERED THROUGH COMMUNITY BENEFIT, INCLUDING OXYGEN TANKS, EMERGENCY MEDICAL TRANSPORT, AND TEMPORARY HOUSING. THROUGH A VARIETY OF METHODS, WE EDUCATED COMMUNITY MEMBERS ABOUT LOCAL HEALTH SERVICES THAT ARE OFFERED IN THE COMMUNITY BY OTHER SAFETY-NET PROVIDERS. WE ALSO BECAME A MEMBER OF THE HART COUNTY POVERTY TASK FORCE IN HARTWELL, GA.

THROUGH THIS TASK FORCE WE BEGAN TO CONFRONT MANY ISSUES RELATING TO ACCESS TO CARE. A COMPREHENSIVE AND USER-FRIENDLY RESOURCE DIRECTORY IS BEING COMPILED AND DEVELOPED BY ALL OF THE NONPROFITS IN THE AREA AND WILL SOON BE WIDELY DISTRIBUTED THROUGHOUT THE COMMUNITY. ADDITIONAL RESEARCH WILL BE DONE TO IDENTIFY BARRIERS WITHIN THE HOSPITAL'S SERVICE AREA THAT PREVENT PEOPLE FROM ACCESSING THE HEALTH CARE SYSTEM, AND TO BETTER UNDERSTAND THE GAPS IN HEALTH CARE COVERAGE AND HOW WE CAN HELP PEOPLE OVERCOME THESE BARRIERS.

CEREBROVASCULAR HEALTH, CARDIOVASCULAR HEALTH, AND DIABETES AND OBESITY –

ST. MARY'S SACRED HEART HOSPITAL PLANS TO STRENGTHEN SERVICES PROVIDED FOR STROKE CARE, CARDIAC CARE AND DIABETES. ST. MARY'S SACRED HEART HOSPITAL BEGAN THE STEPS TO BECOME A PRIMARY STROKE CENTER OR A REMOTE STROKE CENTER IN FISCAL YEAR 2017 AND WE HAVE CONTINUED BUILDING THE INFRASTRUCTURE AND CAPTURING THE DATA TO SUBMIT OUR APPLICATION FOR THAT ACCREDITATION. IN FISCAL YEAR 2018, WE SUCCEEDED IN PLANS TO EXPAND CARDIAC COVERAGE IN THE HOSPITAL TO FIVE DAYS A WEEK. DUE TO PHYSICIAN CHANGES IN THE CARDIAC PRACTICES, WE WERE UNABLE TO MAINTAIN THIS EXPANDED
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.

Coverage for the entire fiscal year. Additional partners are planning to come into the community to assist in meeting the need for full time cardiac consultation services. St. Mary's Sacred Heart Hospital also addressed diabetes, beginning with reestablishing the diabetes support group which was held bimonthly in fiscal year 2018 and has continued to grow. We also continued offering a six-week diabetes self-management class through Alliant Quality and had the highest number of Medicare patients graduate from that class in the state of Georgia. A local retired nurse has committed to offering this six-week class four times a year. Lastly, we increased our wellness activities and education by partnering with community organizations.

Substance abuse and mental health - St. Mary's Sacred Heart Hospital has begun to address these issues by focusing on a few key areas. We have included education on substance abuse in pregnant women in our prenatal classes. We assisted in promoting the local sheriff offices' drug take back day in order to decrease the amount of prescription drugs available in the community. We have also developed a service directory of local narcotics anonymous and alcoholics anonymous programs to hand out to patient within the hospital that need it. There is also a lack of mental health services in our area, so we are partnering with Harmony House, Wellsprings, and other community organizations to help meet the need for these services which are not widely available currently in our community. We also partnered with the Hart county poverty task force, UGA ARCHWAY, and many other agencies to create a comprehensive social services guide of Hart County. We will also be making a similar guide for Franklin County as well. These guides will be a concise and cohesive way to disseminate...
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 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.

INFORMATION OF RESOURCES AVAILABLE TO OUR COMMUNITY MEMBERS.

ST. MARY’S SACRED HEART 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 SACRED HEART HOSPITAL WILL NOT TAKE ACTION ON THE FOLLOWING HEALTH NEEDS:

- HIV/AIDS AND STDs: THE LOCAL PUBLIC HEALTH DEPARTMENT IS ADDRESSING THIS NEED IN THE COMMUNITY. THE HOSPITAL PROVIDES REFERRALS.

- CANCER: THE HOSPITAL DOES NOT HAVE THE RESOURCES FOR SUSTAINING AN ONCOLOGY PRACTICE; HOWEVER, SCREENING IS AVAILABLE AT THE HOSPITAL.

- RESPIRATORY HEALTH: MORE INFORMATION IS NEEDED TO BE ABLE TO ADDRESS THE SOURCE OF RISK IN THE COMMUNITY.

- INJURY PREVENTION AND SAFETY: THE COUNTY PUBLIC HEALTH DEPARTMENT PROVIDES CAR SEAT EDUCATION AND A NEW GEORGIA STATE PATROL OFFICE PROVIDES SAFETY EDUCATION. ADDITIONALLY, MORE INFORMATION IS NEEDED TO IDENTIFY THE INJURIES PREVALENT IN THE COMMUNITY.

- MATERNAL AND INFANT HEALTH: THE LOCAL PUBLIC HEALTH DEPARTMENT IS ADDRESSING THIS NEED. THERE IS ALSO A STRONG WOMEN, INFANTS AND CHILDREN (WIC) PRESENCE IN OUR COMMUNITY.

ST. MARY’S SACRED HEART 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...
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.

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.

ST MARY'S SACRED HEART HOSPITAL

PART V, LINE 16A, FAP WEBSITE:
WWW.STMARYSSACREDHEART.ORG/INFORMATION/FINANCIAL-ASSISTANCE

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.STMARYSSACREDHEART.ORG/INFORMATION/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, 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>ST MARY'S SACRED HEART HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:</strong></td>
</tr>
<tr>
<td><a href="http://www.stmaryssacredheart.org/information/financial-assistance">www.stmaryssacredheart.org/information/financial-assistance</a></td>
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### Part V Facility Information (continued)

<table>
<thead>
<tr>
<th>ST. MARY'S SACRED HEART HOSPITAL, INC.</th>
<th>47-3752176</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule H (Form 990) 2017</td>
<td></td>
</tr>
<tr>
<td>ST MARY'S SACRED HEART HOSPITAL</td>
<td></td>
</tr>
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</tbody>
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14080514 794151 6724 2017.05060 ST. MARY'S SACRED HEART HOS 67241

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### Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 HEALTHWORKS (ST. MARY'S SACRED HEART)</td>
<td>OCCUPATIONAL HEALTH AND OUTPATIENT LAB SERVICES (DRAW STATION)</td>
</tr>
<tr>
<td>12134 AUGUSTA ROAD LAVONIA, GA 30553</td>
<td></td>
</tr>
<tr>
<td>2 HEALTHWORKS (ST. MARY'S SACRED HEART)</td>
<td>OCCUPATIONAL HEALTH AND OUTPATIENT LAB SERVICES (DRAW STATION)</td>
</tr>
<tr>
<td>94 CADE STREET HARTWELL, GA 30643</td>
<td></td>
</tr>
<tr>
<td>3 HEALTHWORKS (ST. MARY'S SACRED HEART)</td>
<td>OCCUPATIONAL HEALTH AND OUTPATIENT LAB SERVICES (DRAW STATION)</td>
</tr>
<tr>
<td>635 COOK STREET ROYSTON, GA 30662</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’S SACRED HEART 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 SACRED HEART 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, $3,164,101, 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 SACRED HEART 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 SACRED HEART HOSPITAL STAFF MEMBERS DONATED THEIR TIME AND EXPERTISE TO A VARIETY OF ORGANIZATIONS THAT STRIVE TO IMPROVE COMMUNITY HEALTH AND WELL-BEING AND WORKFORCE DEVELOPMENT, INCLUDING THE FRANKLIN COUNTY HIGH SCHOOL BUSINESS ADVISORY COMMITTEE, EMMANUEL UNIVERSITY, AND THE UNIVERSITY OF GEORGIA.

ECONOMIC DEVELOPMENT - ST. MARY'S SACRED HEART HOSPITAL DIRECTOR OF ADMINISTRATIVE AND SUPPORT SERVICES AND DIRECTOR OF NURSING PARTICIPATE IN THE FRANKLIN COUNTY AND LAVONIA CHAMBERS OF COMMERCE.
COMMUNITY SUPPORT - ST. MARY'S SACRED HEART HOSPITAL PARTNERS WITH EMMANUEL UNIVERSITY TO SUPPORT THE UNIVERSITY'S AGRICULTURAL PROGRAM; THE UNIVERSITY IS A DRIVING FORCE OF SECONDARY EDUCATION AND EMPLOYABILITY WITHIN OUR COMMUNITY. WE HAVE ALSO COMMITTED TO SUPPORT COLLEGE AND CAREER ACADEMIES IN BOTH FRANKLIN AND HART COUNTIES. WE ALSO SUPPORT THE FRANKLIN COUNTY CHAMBER AND HARTWELL HELPS.

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

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

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

PART VI, LINE 2:
NEEDS ASSESSMENT - ST. MARY'S SACRED HEART HOSPITAL ASSESSES THE HEALTH
STATUS OF ITS 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 HOSPITAL MAY USE PATIENT DATA, PUBLIC
HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND
GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES
AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO
NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

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

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

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

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

PART VI, LINE 4:

COMMUNITY INFORMATION - ST. MARY'S SACRED HEART HOSPITAL IS LOCATED IN FRANKLIN COUNTY IN THE CITY OF LAVONIA, GA, BUT ALSO CONSIDERS HART COUNTY, WHICH BORDERS FRANKLIN COUNTY, TO BE IN ITS PRIMARY SERVICE AREA. FRANKLIN COUNTY HAS A TOTAL LAND AREA OF 262 SQUARE MILES, WHILE HART COUNTY'S LAND AREA IS 232 SQUARE MILES. FRANKLIN COUNTY HAS A POPULATION OF 22,048 AND HART COUNTY HAS A POPULATION OF 25,217. THE SURROUNDING AREAS IN FRANKLIN ARE DIVERSE IN TERMS OF POPULATION OF RURAL AND URBAN AREAS. CARNESVILLE AND MARTIN ARE LESS POPULATED THAN ROYSTON AND CANON. THE POPULATION DISTRIBUTION IN FRANKLIN COUNTY AMONG RURAL AND URBAN AREAS IS 11.1% URBAN AND 88.9% RURAL. IN HART COUNTY 25.5% OF THE POPULATION IS
URBAN AND 74.5% IS RURAL. ONLY 0.9% OF FRANKLIN COUNTY'S LAND AREA IS
URBAN, WHILE 99.1% IS RURAL. IN HART COUNTY, 2.7% OF THE LAND IS URBAN AND
97.3 IS RURAL. THE CITY OF HARTWELL IS THE MOST POPULATED PART OF THE
COUNTY.

APPROXIMATELY 60% OF THE POPULATION IN FRANKLIN COUNTY IS BETWEEN 18 AND
64 YEARS OF AGE, AND 17% OF THE POPULATION IS AGE 65 AND OVER. THE
MAJORITY RACE IS WHITE AT 87.3%, WITH AFRICAN AMERICAN AT 8.4% AND
HISPANIC AND LATINO AT 3.9%. MALES MAKE UP 49.4% OF RESIDENTS. HART
COUNTY HAS APPROXIMATELY 61% OF ITS POPULATION BETWEEN 18 AND 64 YEARS OF
AGE, AND 18% OF THE POPULATION IS OVER THE AGE OF 65. HART COUNTY IS
77.4% WHITE, 18.7% AFRICAN AMERICAN, AND 3.1% HISPANIC OR LATINO. MALES
MAKE UP 49.4% OF RESIDENTS.

AN AVERAGE OF 77% OF HART COUNTY RESIDENTS AND 74% OF FRANKLIN COUNTY
RESIDENTS GRADUATED HIGH SCHOOL, LOWER THAN GEORGIA'S AVERAGE OF 84%. AN
AVERAGE OF 15% OF HART COUNTY RESIDENTS AND 14% OF FRANKLIN COUNTY
RESIDENTS HAD AT LEAST A BACHELOR'S DEGREE COMPARED TO GEORGIA'S HIGHER
AVERAGE OF 28%.

THE MOST RECENT DATA SHOWED THAT FRANKLIN COUNTY'S UNEMPLOYMENT RATE
DROPPED FROM 10.8% IN AUGUST 2012 TO 9.4% IN APRIL 2013. HART COUNTY'S
UNEMPLOYMENT RATE DROPPED FROM 11.1% IN AUGUST 2012 TO 9.8% IN APRIL 2013.

MEDIAN HOUSEHOLD INCOMES IN FRANKLIN AND HART COUNTIES WERE APPROXIMATELY
$36,739 AND $36,109, RESPECTIVELY. THESE MEDIAN INCOMES WERE WELL BELOW
IN 2011, THE PERCENTAGE OF PEOPLE IN HART AND FRANKLIN COUNTIES WHOSE INCOME WAS BELOW THE POVERTY LEVEL WAS 23% AND 20%, RESPECTIVELY, COMPARED TO GEORGIA'S AVERAGE OF 16% AND THE U.S. AVERAGE OF 14%.

IN ADDITION TO THE PRIMARY SERVICE COUNTIES OF FRANKLIN AND HART, THE HOSPITAL ALSO SERVES STEPHENS, ELBERT, AND BANKS COUNTIES.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH - ST. MARY'S SACRED HEART HOSPITAL IS GUIDED BY ST. MARY'S HEALTH CARE SYSTEM'S MISSION OF IMPROVING THE HEALTH OF THE PEOPLE OF OUR COMMUNITIES. ST. MARY'S SACRED HEART HOSPITAL IS A 56-BED FACILITY WHOSE SERVICES INCLUDE SURGICAL SERVICES, A MOTHER/BABY UNIT, AND CRITICAL CARE. IN ADDITION, ST. MARY'S SACRED HEART 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.

AS A CATHOLIC, NOT-FOR-PROFIT HEALTH SYSTEM, ST. MARY'S SACRED HEART HOSPITAL IS COMMITTED TO STEWARING OUR RESOURCES INTO PROGRAMS AND ACTIVITIES THAT STRIVE TO BENEFIT THE HEALTH OF THE COMMUNITIES WE SERVE. COMMUNITY BENEFIT MINISTRY IS THE PROCESS BY WHICH ST. MARY'S SACRED HEART HOSPITAL MEASURES AND REPORTS THE IMPACT ON OUR COMMUNITY OF HEALTH IMPROVEMENT SERVICES, HEALTH PROFESSIONS EDUCATION, RESEARCH, AND FINANCIAL AND IN-KIND CONTRIBUTIONS. COMMUNITY BENEFIT IS ALSO ONE OF THE JUSTIFICATIONS FOR OUR NOT-FOR-PROFIT TAX STATUS. WE ARE PROUD TO GIVE BACK TO FRANKLIN, HART AND STEPHENS COUNTIES THROUGH OUR COMMUNITY BENEFIT MINISTRY, AS WE WORK TO LIVE OUT OUR MISSION TO BE A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.
ST. MARY'S SACRED HEART 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, OUR LEADERSHIP AND STAFF WERE MEMBERS OF THE FRANKLIN COUNTY AND LAVONIA CHAMBERS OF COMMERCE AND THE HART COUNTY POVERTY TASK FORCE.

ST. MARY'S SACRED HEART HOSPITAL IS ACTIVELY INVOLVED IN NUMEROUS COMMUNITY EVENTS THAT BENEFIT EVERY AGE GROUP IN FRANKLIN AND HART COUNTIES. IN FISCAL YEAR 2018, ST. MARY'S SACRED HEART HOSPITAL CONTINUED TO HOST, OR PARTICIPATE IN, COMMUNITY EVENTS TO PROVIDE FREE HEALTH SCREENINGS AND INFORMATION TO AREA RESIDENTS, INCLUDING THE WNEG (LOCAL RADIO STATION) SENIOR EXPO, BIGGEST LOSER CHALLENGE HEALTH FAIR, AND THE YMCA HARTWELL SENIOR EXPO. WE ALSO CONTINUED TO EXPAND OUR MEDICAL EXPLORER'S POST FOR THE BOY SCOUTS OF AMERICA, PROVIDING HEALTH CAREER EDUCATION TO 40 HIGH SCHOOL STUDENTS FROM SURROUNDING SCHOOLS THROUGHOUT THE SCHOOL YEAR. IN ADDITION TO THE HIGH SCHOOL STUDENTS, WE HOSTED A SIGNIFICANT NUMBER OF OUR LOCAL COLLEGE STUDENTS DURING FISCAL YEAR 2018. WE ALSO HELD OUR INAUGURAL DIABETES EXPO AT THE BELL FAMILY YMCA, WHICH INCLUDED GLUCOSE TESTING, EDUCATIONAL LECTURES BY PHYSICIANS AND PHARMACISTS, AND HEALTHY COOKING DEMONSTRATIONS.

PART VI, LINE 6:

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

2. REDUCE OBESITY PREVALENCE

3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT

4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED $3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER $260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE.
HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE.

THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.