**Part I Financial Assistance and Certain Other Community Benefits at Cost**

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
   - Yes ☑
   - No
1b If "Yes," was it a written policy?
   - Yes ☑
   - No

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

4 Did the organization’s financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
   - ☑ Yes
   - ☐ No

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   - ☑ Yes
   - ☐ No

5b Did the organization’s financial assistance expenses exceed the budgeted amount?
   - ☑ 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
   - ☐ No

6a Did the organization prepare a community benefit report during the tax year?
   - ☑ Yes
   - ☐ No

6b If "Yes," did the organization make it available to the public?
   - ☑ Yes
   - ☐ No

---

### 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td></td>
<td>5,337,999</td>
<td>4,012,419</td>
<td>1,325,580</td>
<td>2.37%</td>
</tr>
<tr>
<td>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>Total Financial Assistance and Means-Tested Government Programs</td>
<td></td>
<td></td>
<td>5,337,999</td>
<td>4,012,419</td>
<td>1,325,580</td>
<td>2.37%</td>
</tr>
</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>Financial Assistance at cost (from Worksheet 1)</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
### Part II Community Building Activities

<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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>1</td>
<td>2,151.</td>
<td></td>
<td>2,151.</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>1</td>
<td>7,530.</td>
<td></td>
<td>7,530.</td>
<td>.01%</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>7,991.</td>
<td></td>
<td>7,991.</td>
<td>.01%</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>3</td>
<td>17,672.</td>
<td></td>
<td>17,672.</td>
<td>.02%</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. 363,328.

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.

#### Section B. Medicare

5. Enter total revenue received from Medicare (including DSH and IME) 17,405,351.

6. Enter Medicare allowable costs of care relating to payments on line 5 16,840,014.

7. Subtract line 6 from line 5. This is the surplus (or shortfall) 565,337.

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

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year? [x] Yes [ ] 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

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V  Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest)
How many hospital facilities did the organization operate during the tax year? 1

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

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Website</th>
<th>License Number</th>
<th>Licensed</th>
<th>Children's</th>
<th>Teaching</th>
<th>Critical Access</th>
<th>ER 24 Hours</th>
<th>ER Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUNNYVIEW HOSPITAL &amp; REHAB CENTER</td>
<td>1270 BELMONT AVENUE, SCHENECTADY, NY 12308-2104</td>
<td><a href="http://WWW.SPHP.COM/SVH">WWW.SPHP.COM/SVH</a></td>
<td>14-1338386</td>
<td>X</td>
<td>X</td>
<td></td>
<td>REHABILITATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HOSPITAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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

**SUNNYVIEW HOSPITAL AND REHAB CENTER**

#### 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>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If &quot;No,&quot; skip to line 12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></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></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></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community’s interests</td>
<td></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></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If "Yes," indicate what the CHNA report describes (check all that apply):**

- A definition of the community served by the hospital facility
- Demographics of the community
- Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- How data was obtained
- The significant health needs of the community
- Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- The process for identifying and prioritizing community health needs and services to meet the community health needs
- The process for consulting with persons representing the community’s interests
- The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)
- Other (describe in Section C)

---

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

6a | Was the hospital facility’s CHNA conducted with one or more other hospital facilities? | X   |

6b | Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? | X   |

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

**If "Yes," indicate how the CHNA report was made widely available (check all that apply):**

- Hospital facility’s website (list url): WWW.SPHP.COM/COMMUNITY-HEALTH-SVH
- Other website (list url):
- Made a paper copy available for public inspection without charge at the hospital facility
- Other (describe in Section C)

8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? | X   |

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

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

**If "Yes," (list url):** WWW.SPHP.COM/COMMUNITY-HEALTH-SVH

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

12a | Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)? | X   |

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

12b | $ |    |

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? | $   |

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732094 11-28-17

14140520 794151 6042 2017.05060 SUNNYVIEW HOSPITAL AND REHAB 60421
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Assistance Policy (FAP)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of hospital facility or letter of facility reporting group</td>
<td>SUNNYVIEW HOSPITAL AND REHAB CENTER</td>
<td></td>
</tr>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate the eligibility criteria explained in the FAP:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>☑</td>
<td>Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200%</td>
</tr>
<tr>
<td>b</td>
<td>☐</td>
<td>Income level other than FPG (describe in Section C)</td>
</tr>
<tr>
<td>c</td>
<td>☑</td>
<td>Asset level</td>
</tr>
<tr>
<td>d</td>
<td>☑</td>
<td>Medical indigency</td>
</tr>
<tr>
<td>e</td>
<td>☑</td>
<td>Insurance status</td>
</tr>
<tr>
<td>f</td>
<td>☑</td>
<td>Underinsurance status</td>
</tr>
<tr>
<td>g</td>
<td>☑</td>
<td>Residency</td>
</tr>
<tr>
<td>h</td>
<td>☑</td>
<td>Other (describe in Section C)</td>
</tr>
<tr>
<td>Explained the basis for calculating amounts charged to patients?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Explained the method for applying for financial assistance?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>☑</td>
<td>Described the information the hospital facility may require an individual to provide as part of his or her application</td>
</tr>
<tr>
<td>b</td>
<td>☑</td>
<td>Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
</tr>
<tr>
<td>c</td>
<td>☐</td>
<td>Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
</tr>
<tr>
<td>d</td>
<td>☑</td>
<td>Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
</tr>
<tr>
<td>e</td>
<td>☐</td>
<td>Other (describe in Section C)</td>
</tr>
<tr>
<td>Was widely publicized within the community served by the hospital facility?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate how the hospital facility publicized the policy (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>☑</td>
<td>The FAP was widely available on a website (list url): <a href="http://WWW.SPHP.COM/FINANCIAL-ASSISTANCE">WWW.SPHP.COM/FINANCIAL-ASSISTANCE</a></td>
</tr>
<tr>
<td>b</td>
<td>☑</td>
<td>The FAP application form was widely available on a website (list url): <a href="http://WWW.SPHP.COM/FINANCIAL-ASSISTANCE">WWW.SPHP.COM/FINANCIAL-ASSISTANCE</a></td>
</tr>
<tr>
<td>c</td>
<td>☑</td>
<td>A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>d</td>
<td>☑</td>
<td>The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>e</td>
<td>☑</td>
<td>The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>f</td>
<td>☑</td>
<td>A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>g</td>
<td>☑</td>
<td>Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td>
</tr>
<tr>
<td>h</td>
<td>☑</td>
<td>Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
</tr>
<tr>
<td>i</td>
<td>☑</td>
<td>The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td>
</tr>
<tr>
<td>j</td>
<td>☐</td>
<td>Other (describe in Section C)</td>
</tr>
</tbody>
</table>
### Billing and Collections

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>SUNNYVIEW HOSPITAL AND REHAB CENTER</th>
</tr>
</thead>
</table>

#### 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?

17 Yes X No

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

- 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 Yes X No

#### 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?

21 Yes X No

If “No,” indicate why:

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

Name of hospital facility or letter of facility reporting group: SUNNYVIEW HOSPITAL AND REHAB CENTER

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.
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, 16d, 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.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

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


- REDUCE OBESITY AND DIABETES IN CHILDREN AND ADULTS
- PREVENT SUBSTANCE ABUSE AND OTHER MENTAL, EMOTIONAL AND BEHAVIORAL DISEASE (SUICIDE AND OPIOID ABUSE)

SUNNYVIEW HOSPITAL AND REHAB CENTER:

REHABILITATION CENTER, ST. MARY'S HOSPITAL, SAMARITAN HOSPITAL, AND ELLIS HOSPITAL. THEY WERE JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES, CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT AND CARE FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD, AND CANCER. A TOTAL OF 34 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION PARTICIPATED, SUCH AS CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FEDERALLY QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN, FIDELIS CARE HEALTH PLAN, UNIVERSITY OF ALBANY SCHOOL OF PUBLIC HEALTH, YMCA, COMMUNITY GARDENS, AND SENIOR HOUSING ORGANIZATIONS. ALMOST ALL OF THESE ORGANIZATIONS SERVE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS AND MANY OFFER SPECIFIC PROGRAMS TARGETED TOWARDS THESE GROUPS.

PART V, SECTION B, LINE 6A: SUNNYVIEW HOSPITAL AND REHABILITATION CENTER
CONDUCTED ITS CHNA IN COLLABORATION WITH THE FOLLOWING HOSPITAL

FACILITIES: ALBANY MEDICAL CENTER, ALBANY MEMORIAL HOSPITAL, ELLIS
HOSPITAL, ST. MARY'S HOSPITAL, SAMARITAN HOSPITAL, ST. PETER'S HOSPITAL
AND THE BURDETT BIRTH CENTER.

PART V, SECTION B, LINE 6B: IN THE CHNA PROCESS, SUNNYVIEW HOSPITAL WAS
JOINED BY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS, BUSINESSES,
CONSUMERS, SCHOOLS, ACADEMICS, AND THOSE WHO HAVE CONTACT WITH AND CARE
FOR PEOPLE WITH CERTAIN CHRONIC DISEASES, SUCH AS DIABETES, ASTHMA, COPD,
AND CANCER. A TOTAL OF 34 DIFFERENT ORGANIZATIONS IN OUR CAPITAL REGION
PARTICIPATED, SUCH AS: CATHOLIC CHARITIES, WHITNEY M. YOUNG, JR. FEDERALLY
QUALIFIED HEALTH CENTER (FQHC), CAPITAL DISTRICT PHYSICIANS HEALTH PLAN,
FIDELIS CARE HEALTH PLAN, UNIVERSITY OF ALBANY SCHOOL OF PUBLIC HEALTH,
YMCA, COMMUNITY GARDENS, SENIOR HOUSING ORGANIZATIONS, AND HOMETOWN
HEALTH, A FQHC IN SCHENECTADY COUNTY.

PART V, SECTION B, LINE 11: DURING FY 18, THE FOLLOWING NEEDS FROM THE
2016 CHNA WERE ADDRESSED.

REDUCE OBESITY AND DIABETES IN CHILDREN AND ADULTS

SUNNYVIEW CONDUCTED OUTREACH EFFORTS TO INCREASE PHYSICAL ACTIVITY THROUGH

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THE WELLNESS CENTER TARGETING PATIENTS WITH HIGH BMI. AS A HEALTH FACILITY, WE ALSO CONTINUED TO EXPAND THE SCOPE AND NUMBER OF SCHOLARSHIPS AS WELL AS MEMBERSHIP DISCOUNTS TO OUR POOL AND FITNESS CLASSES. UPON ENROLLMENT, INDIVIDUALS WERE OFFERED A FREE HEALTH ASSESSMENT AND BASIC TRAINING ON UTILIZING THE EXERCISE EQUIPMENT AND THE POOL.

TO BETTER DIAGNOSE DIABETES, ALL AFFILIATED AND EMPLOYED PHYSICIANS WERE EDUCATED ABOUT THE NEED TO SCREEN AND REFER PATIENTS TO APPROPRIATE CARE. ON AN OUTPATIENT BASIS, DIABETES EDUCATORS FROM SPHP DIABETES AND ENDOCRINE CARE PROVIDED DPP (DIABETES PREVENTION PROGRAMS) AND OTHER APPROPRIATE DIABETES EDUCATION, AS NEEDED. FINANCIAL ASSISTANCE REMAINED AVAILABLE TO THOSE PATIENTS WITHOUT RESOURCES WHO SEEK DIABETES PREVENTION, EDUCATION AND MANAGEMENT CLASSES. ALSO IN FY18, MONTHLY SUPPORT GROUPS WERE OFFERED, FREE OF CHARGE, FOCUSING ON A VARIETY OF TOPICS RELATED TO DIABETES.

PREVENT SUBSTANCE ABUSE AND OTHER MENTAL, EMOTIONAL AND BEHAVIORAL DISEASE (SUICIDE AND OPIOID ABUSE)

SUNNYVIEW ALSO PARTICIPATED IN THE SMOKING CESSATION OPT-TO-QUIT PROGRAM HOUSED AT ST. MARY'S HOSPITAL, AN AFFILIATE OF ST. PETER'S HEALTH PARTNERS. SEVERAL STAFF MEMBERS HAVE BEEN TRAINED AS FACILITATORS FOR THE BUTT STOPS HERE, A SMOKING CESSATION SUPPORT GROUP. ALL INPATIENTS AND OUTPATIENTS ARE ASKED THEIR SMOKING HISTORY AT TIME OF REGISTRATION OR ADMISSION, AND THOSE WHO IDENTIFY THEMSELVES AS A SMOKER ARE PROVIDED WITH PRINTED INFORMATION ON THE NYS SMOKERS QUIT LINE.
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER

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.

SUNNYVIEW HAS A SPECIALIZED FOCUS ON REHABILITATION AND HAS LIMITED RESOURCES TO DEVOTE OUTSIDE OF ITS PRIMARY FUNCTION FOR THE CAPITAL REGION. SUNNYVIEW HOSPITAL CHOSE TO OFFER ITS EXPERTISE TO THE COMMUNITY WITHIN ITS CAPABILITIES. FOR THE 2016 CHNA, THE STAFF AT SUNNYVIEW CONCENTRATED THEIR EFFORTS ON THE FOLLOWING PREVENTION AGENDA PRIORITY AREAS: PREVENT CHRONIC DISEASE - DIABETES AND OBESITY, PROMOTE MENTAL HEALTH, AND PREVENT SUBSTANCE ABUSE. TO ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE, STAFF MEMBERS OF SUNNYVIEW ATTENDED WORKGROUPS FORMED BY THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY IN THE AREAS OF CHRONIC DISEASE (DIABETES AND OBESITY PREVENTION) AND MENTAL HEALTH/SUICIDE PREVENTION. MEETINGS WERE HELD SIX TIMES PER YEAR. SUNNYVIEW STAFF ALSO PROMOTED MENTAL HEALTH FIRST AID TRAINING TO COLLEAGUES AND COMMUNITY PARTNERS.

SUNNYVIEW HOSPITAL AND REHABILITATION CENTER ACKNOWLEDGES THE WIDE RANGE OF HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, AND DETERMINED IT COULD EFFECTIVELY FOCUS ON ONLY THOSE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. THUS, SECONDARY PRIORITY AREAS, SUCH AS ADVERSE BIRTH OUTCOMES, STD, TEEN PREGNANCY, ASTHMA, COLORECTAL CANCER AND LYME DISEASE, WILL NOT BE DIRECTLY ADDRESSED BY SUNNYVIEW HOSPITAL AND REHABILITATION CENTER. OTHER HEALTH CARE FACILITIES SERVING OUR COMMUNITY WILL ADDRESS THESE SECONDARY PRIORITIES.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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.

SUNNYVIEW HOSPITAL AND REHAB CENTER:

PART V, SECTION B, LINE 15E: ALTHOUGH NOT IN THE POLICY, OUR PROCESS DOES PROVIDE THE CONTACT INFORMATION OF NONPROFIT ORGANIZATIONS OR GOVERNMENT AGENCIES THAT MAY BE SOURCES OF ASSISTANCE WITH FAP APPLICATIONS.

SUNNYVIEW HOSPITAL AND REHAB CENTER

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

WWW.SPHP.COM/FINANCIAL-ASSISTANCE

SUNNYVIEW HOSPITAL AND REHAB CENTER

PART V, SECTION B, LINE 9:

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

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<th>Name and address</th>
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How many non-hospital health care facilities did the organization operate during the tax year? **0**
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:**

SUNNYVIEW REHABILITATION HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH IT SUBMITS TO THE STATE OF NEW YORK. IN ADDITION, SUNNYVIEW REHABILITATION 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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SUNNYVIEW REHABILITATION HOSPITAL ALSO 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, $363,328, 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:

IN FY18, SUNNYVIEW CONTINUED TO PROVIDE COMMUNITY SUPPORT THROUGH THE TIME STAFF DEDICATED TO LOCAL NONPROFITS AND THE VARIOUS DONATIONS THE HOSPITAL MADE. THE COALITION BUILDING EFFORTS CONTINUED TO SUPPORT SCHENECTADY COUNTY AS OUR STAFF, INCLUDING EXECUTIVE STAFF, WERE ACTIVE ON VARIOUS NONPROFIT BOARDS OF DIRECTORS. IN THE AREA OF WORKFORCE DEVELOPMENT, SUNNYVIEW STAFF PROVIDED MENTORSHIP AND JOB SHADOWING FOR STUDENTS INTERESTED IN PURSUING EDUCATION AND CAREERS IN HEALTH SCIENCES, PARTICULARLY NURSING, PHYSICAL THERAPY AND OCCUPATIONAL THERAPY.

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 4:
SUNNYVIEW REHABILITATION HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS:
"THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER

Schedule H (Form 990) Page 10 14-1338386

Part VI, Supplemental Information (Continuation)

SUNNYVIEW HOSPITAL AND REHABILITATION 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 HEALTHCARE 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:

Schedule H (Form 990)

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PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SUNNYVIEW REHABILITATION 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.
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 14-1338386

Part VI Supplemental Information (Continuation)

SUNNYVIEW REHABILITATION 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.

SUNNYVIEW REHABILITATION HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SUNNYVIEW REHABILITATION 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 - SUNNYVIEW IS LOCATED IN THE CITY OF SCHENECTADY WHICH IS CENTRALLY LOCATED IN SCHENECTADY COUNTY WITH A POPULATION OF 156,193. SCHENECTADY IS THE SMALLEST COUNTY IN UPSTATE NEW YORK AND CONSISTS OF FIVE TOWNS, TWO PRIMARILY RURAL AND THREE PRIMARILY SUBURBAN, SURROUNDING THE CENTRALLY LOCATED CITY OF SCHENECTADY (POPULATION: 14140520 794151 6042 2017.05060 SUNNYVIEW HOSPITAL AND REHA 60421
66,135). The county is located immediately west of the state capital of Albany, and many of its residents commute to jobs in Albany and other counties that together make up New York's capital region. Residents of the city of Schenectady are generally less affluent and less healthy than residents of the surrounding towns, while residents of the county as a whole are less affluent than the state as a whole, but the county's poverty rate is below that of the state. The median household income for the city, at $37,436, is only about two-thirds that of the county as a whole ($56,061), which is below that of the state ($60,850). The poverty rate in the city is 22.6% and is nearly double that of the county as a whole (12.0%). State health department data show that hospitalizations for conditions which could have been treated in the community (prevention quality indications) range as high as 20% of the expected rate in certain neighborhoods, but are as low as 49% of the expected rate in the rural towns. In one dramatic disparity, hospitalizations for conditions related to diabetes range from 604/100,000 in the city's Hamilton Hill neighborhood to 62/100,000 in the nearby suburb of Niskayuna. Overall, however, Schenectady county residents are more likely than the average New York state resident to have health insurance and a primary care provider. Almost all primary medical care and dental care for low-income residents is provided by Hometown Health and the community practices of the Ellis Medical Group. Both facilities have achieved recognition by the National Committee for Quality Assurance (NCQA) as patient-centered medical homes (PCMH).

PART VI, LINE 5:

OTHER INFORMATION - SUNNYVIEW IS A 115-BED HOSPITAL SPECIALIZING IN PHYSICAL REHABILITATION. EVERY YEAR MORE THAN 15,000 INDIVIDUALS COME TO
SUNNYVIEW FROM ACROSS THE CAPITAL REGION OF NEW YORK STATE AND BEYOND.

SUNNYVIEW CONDUCTS ITS ACTIVITIES AND ITS HEALTH CARE PURPOSE WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, GENDER, SEXUAL ORIENTATION, DISABILITY, AGE OR NATIONAL ORIGIN.

AS A NONPROFIT ORGANIZATION THAT IS PART OF ST. PETER'S HEALTH PARTNERS, SUNNYVIEW IS GUIDED BY A REGIONAL GOVERNING BOARD COMPRISED LARGELY OF INDEPENDENT COMMUNITY MEMBERS REPRESENTING THE MAKEUP OF THE AREA WE SERVE. OUR HOSPITAL OPERATES WITH AN OPEN MEDICAL STAFF COMPRISED OF QUALIFIED PHYSICIANS WHO WORK TO PROVIDE CARE TO OUR COMMUNITIES. ALL MEDICAL STAFF MUST UNDERGO A THOROUGH AND COMPREHENSIVE CREDENTIALING AND ORIENTATION PROCESS. NO PART OF THE INCOME OF SUNNYVIEW BENEFITS ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED. ALL SURPLUS FUNDS ARE REINVESTED INTO THE FACILITY, EQUIPMENT, OR PROGRAMS OF THE HOSPITAL TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OUR FACILITIES, AND ADVANCE OUR MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS.

SUNNYVIEW HAS A LONG HISTORY OF CONTRIBUTING TO THE HEALTH OF OUR COMMUNITY AND HAS PARTICIPATED IN HEALTH EDUCATION REQUESTS FROM COALITION MEMBER AGENCIES, COMMUNITY OUTREACH EVENTS, AND FREE HEARING SCREENINGS, AMONG OTHER SERVICES, TO PROMOTE HEALTH IN THE COMMUNITY. BEYOND THIS IS OUR TRAINING AND CLINICAL OPPORTUNITIES FOR LOCAL STUDENTS, FROM HIGH SCHOOL TO GRADUATE SCHOOL, IN THE SPECIALTY OF REHABILITATION, INCLUDING ALL ASPECTS OF RESEARCH AND CLINICAL TRIALS OF NEURO-ELECTRONIC DEVELOPMENTS, LIMB FABRICATION AND FITTING, INCLUDING HOSPITAL CARE AND SURGERY.

IN FY18, SPHP/SUNNYVIEW REMAINED A "TOBACCO FREE" FACILITY, BANNING USE OF
TRADITIONAL TOBACCO PRODUCTS, AS WELL AS ELECTRONIC VAPING DEVICES ON OUR PROPERTY. SIGNAGE IS VISIBLE ON THE GROUNDS OF SPHP FACILITIES, INCLUDING SUNNYVIEW HOSPITAL AND REHABILITATION CENTER, TO REFLECT CHANGES MADE IN FY16 TO THE SPHP SMOKE FREE ENVIRONMENT POLICY. IN ADDITION, THROUGH THE WORK OF OUR CENTER FOR HEALTH PROGRAMS AND CAPITAL DISTRICT TOBACCO FREE COMMUNITIES, TOBACCO 21 LEGISLATION IS BEING PURSUED AT THE LOCAL AND STATE LEVEL. ALSO, DURING FY18, SPHP RECEIVED A PLACE BASED GRANT FROM TRINITY HEALTH. WITH THIS FUNDING, MUCH NEEDED PLAYGROUND EQUIPMENT WAS PROVIDED TO PAIGE ELEMENTARY SCHOOL, WHICH IS LOCATED IN THE CITY OF SCHENECTADY. THIS PLAYGROUND WILL BE A SAFE PLACE FOR CHILDREN IN THE COMMUNITY TO PLAY AND EXERCISE.

SUNNYVIEW COLLABORATED WITH OTHER LOCAL HEALTH SYSTEMS, COUNTY HEALTH DEPARTMENTS AND COMMUNITY BASED AGENCIES TO FORM WORKGROUPS TO FOCUS ON THE PRIORITIES OF THE 2016 CHNA. IN FY18, THE FOLLOWING GROUPS WERE FORMED: OBESITY/DIABETES PREVENTION AND MENTAL HEALTH/SUICIDE PREVENTION. EACH GROUP MET SIX TIMES THROUGHOUT FY18 TO STRATEGIZE, IMPLEMENT AND REPORT ON ACTIVITY RELATIVE TO THE GOALS SET FORTH IN THE 2016 COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP). THESE GROUPS WERE LED BY THE SCHENECTADY COALITION FOR A HEALTHY COMMUNITY.

PART VI, LINE 6:
SUNNYVIEW REHABILITATION 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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

NY