### 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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong></td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

**2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.

- [X] Applied uniformly to all hospital facilities
- [ ] Applied uniformly to most hospital facilities
- [ ] Generally tailored to individual hospital facilities

**3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

#### a
Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?

- [X] 200%
- [ ] 150%
- [ ] 100%
- [ ] Other

#### b
Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:

- [X] 400%
- [ ] 350%
- [ ] 300%
- [ ] 250%
- [ ] 200%
- [ ] 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"?

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

**5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

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

**5b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

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

**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?

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

**6a** Did the organization prepare a community benefit report during the tax year?

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

**6b** If "Yes," did the organization make it available to the public?

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

### Part II
Financial Assistance and Certain Other Community Benefits at Cost

#### 7
Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and 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>Financial Assistance at cost (from Worksheet 1)</td>
<td>6,234</td>
<td>2405189.</td>
<td>2405189.</td>
<td>.74%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>22,978</td>
<td>87850583.</td>
<td>66993555.</td>
<td>20857028.</td>
<td>6.40%</td>
<td></td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>29,212</td>
<td>90255772.</td>
<td>66993555.</td>
<td>23262217.</td>
<td>7.14%</td>
<td></td>
</tr>
<tr>
<td>Total, Financial Assistance and Means-Tested Government Programs</td>
<td>29,212</td>
<td>90255772.</td>
<td>66993555.</td>
<td>23262217.</td>
<td>7.14%</td>
<td></td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>9</td>
<td>224</td>
<td>243,244.</td>
<td>113</td>
<td>243,131.</td>
<td>.07%</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td>1</td>
<td>178</td>
<td>118,921.</td>
<td>118,921.</td>
<td>.04%</td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>1</td>
<td>6,380</td>
<td>1520532.</td>
<td>1269551.</td>
<td>250,981.</td>
<td>.08%</td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td>1</td>
<td>6,380</td>
<td>1520532.</td>
<td>1269551.</td>
<td>250,981.</td>
<td>.08%</td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>2</td>
<td>181</td>
<td>136,584.</td>
<td>53,816.</td>
<td>82,768.</td>
<td>.03%</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>13</td>
<td>6,963</td>
<td>2019281.</td>
<td>1323480.</td>
<td>695,801.</td>
<td>.22%</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>13</td>
<td>36,175</td>
<td>92275053.</td>
<td>68317035.</td>
<td>23958018.</td>
<td>7.36%</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>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Coalition building</td>
<td>1</td>
<td>1,000.</td>
<td>1,000.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>7. Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Total</td>
<td>1</td>
<td>1,000.</td>
<td>1,000.</td>
<td>.00%</td>
<td></td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

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

2. Enter the amount of the organization’s bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount  
   - $8,715,119.

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)  
   - $80,262,779.

6. Enter Medicare allowable costs of care relating to payments on line 5  
   - $77,522,271.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)  
   - $2,740,508.

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

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

#### Section C. Collection Practices

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

### Part IV  Management Companies and Joint Ventures

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization’s profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 LIFEPATH PARTNERS, LLC</td>
<td>LABORATORY SERVICES</td>
<td>50.00%</td>
<td>0.00%</td>
<td>50.00%</td>
</tr>
</tbody>
</table>

---

**Schedule H (Form 990) 2020**

**THE MERCY HOSPITAL, INC.**

**04-3398280**

**Page 2**

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**11470524 794151 6104**

**2020.05095 THE MERCY HOSPITAL, INC. 6104___1**

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**032092 12-02-20**
### 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 Reporting Group</th>
<th>Licensed Hospital</th>
<th>Gen. Medical &amp; Surgical</th>
<th>Children's Hospital</th>
<th>Teaching Hospital</th>
<th>Critical Access Hospital</th>
<th>Research Facility</th>
<th>ER-24 Hours</th>
<th>ER-Other</th>
<th>Other (Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MERCY HOSPITAL, INC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>271 CAREW ST.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPRINGFIELD, MA 01104</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://WWW.TRINITYHEALTHOFNE.ORG">WWW.TRINITYHEALTHOFNE.ORG</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STATE LICENSE # VHFO</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section B. Facility Policies and Practices  

Name of hospital facility or letter of facility reporting group: MERCY HOSPITAL, INC.

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**

1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?  
   - Yes [X]  
   - No [ ]  

2. Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C  
   - Yes [ ]  
   - No [X]  

3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12  
   - Yes [X]  
   - No [ ]  
   
   If "Yes," indicate what the CHNA report describes (check all that apply):  
   - A definition of the community served by the hospital facility [X]  
   - Demographics of the community [X]  
   - Existing health care facilities and resources within the community that are available to respond to the health needs of the community [X]  
   - How data was obtained [X]  
   - The significant health needs of the community [X]  
   - Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups [ ]  
   - The process for identifying and prioritizing community health needs and services to meet the community health needs [X]  
   - The process for consulting with persons representing the community’s interests [ ]  
   - 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:  
   - 2018 [X]  

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted  
   - Yes [ ]  
   - No [X]  

6a. Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C  
   - Yes [X]  
   - No [ ]

6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C  
   - Yes [X]  
   - No [ ]

7. Did the hospital facility make its CHNA report widely available to the public?  
   - Yes [X]  
   - No [ ]  
   
   If "Yes," indicate how the CHNA report was made widely available (check all that apply):  
   - Hospital facility’s website (list url): SEE SCHEDULE H, PART V, SECTION C [X]
   - Other website (list url): 

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

9. Indicate the tax year the hospital facility last adopted an implementation strategy:  
   - 2018 [X]  

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?  
    - Yes [X]  
    - No [ ]  
    
    If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C

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

12a. Did the organization incur an excise tax under section 4959 for the hospital facility’s failure to conduct a CHNA as required by section 501(r)(3)?  
    - Yes [ ]  
    - No [X]  

12b. If "Yes," to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?  
    - Yes [ ]  
    - No [X]  

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?  
    - $ [ ]
Name of hospital facility or letter of facility reporting group: MERCY HOSPITAL, INC.

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

13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 
   If "Yes," indicate the eligibility criteria explained in the FAP:
   a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 %
      and FPG family income limit for eligibility for discounted care of 400 %
   b Income level other than FPG (describe in Section C)
   c X Asset level
   d X Medical indigency
   e X Insurance status
   f X Underinsurance status
   g X Residency
   h X Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance?
   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):
   a X Described the information the hospital facility may require an individual to provide as part of his or her application
   b X Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
   d X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
   e X Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility?
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):
   a X The FAP was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C
   b X The FAP application form was widely available on a website (list url): SEE SCHEDULE H, PART V, SECTION C
   c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
   d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   f X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   g X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention
   h X Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i X The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
   j X Other (describe in Section C)
Billing and Collections

Name of hospital facility or letter of facility reporting group  MERCY HOSPITAL, INC.

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?  

   Yes  No

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

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

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

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

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

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

   a  X  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)
   b  X  Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
   c  X  Processed incomplete and complete FAP applications (if not, describe in Section C)
   d  X  Made presumptive eligibility determinations (if not, describe in Section C)
   e  Other (describe in Section C)
   f  None of these efforts were made

Policy Relating to Emergency Medical Care

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

   If “No,” indicate why:

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

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

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>MERCY HOSPITAL, INC.</th>
</tr>
</thead>
</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** Filled: The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- **b** Blank: 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** Blank: 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** Blank: The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

| 23 | X |

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

If "Yes," explain in Section C.

| 24 | X |
MERCY HOSPITAL, INC.:  

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

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

1. COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH:
   - HOUSING NEEDS
   - BUILT ENVIRONMENT (ACCESS TO HEALTHY FOOD, TRANSPORTATION, AND PLACES TO EXERCISE)
   - LACK OF RESOURCES TO MEET BASIC NEEDS
   - EDUCATIONAL ATTAINMENT
   - VIOLENCE AND TRAUMA
   - SOCIAL ENVIRONMENT AND SOCIAL ISOLATION
   - ENVIRONMENTAL EXPOSURES

2. BARRIERS TO ACCESSING QUALITY HEALTH CARE
   - INSURANCE AND HEALTH CARE RELATED CHALLENGES
   - LIMITED AVAILABILITY OF PROVIDERS
   - LACK OF TRANSPORTATION AND NEED FOR FINANCIAL ASSISTANCE
   - NEED FOR CULTURALLY SENSITIVE CARE
   - LACK OF CARE COORDINATION
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, 20a, 20b, 20c, 20d, 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.

3. HEALTH OUTCOMES

- MENTAL HEALTH AND SUBSTANCE USE
- CHRONIC HEALTH CONDITIONS
- PHYSICAL ACTIVITY AND NUTRITION
- INFANT AND PERINATAL HEALTH

ADDITIONAL DESCRIPTIONS FOR EACH OF THE PRIORITIZED NEEDS AND SUB-NEEDS CAN BE FOUND IN THE HOSPITAL'S CHNA, WHICH IS LOCATED ON THE HOSPITAL'S WEBSITE:

WWW.TRINITYHEALTHOFNE.ORG/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS

ASSESSMENTS

MERCY HOSPITAL, INC.:  
PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY AND OTHER IMPORTANT REGIONAL STAKEHOLDERS WAS PRIORITIZED BY THE COALITION AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE THE PRIMARY MECHANISMS FOR COMMUNITY AND STAKEHOLDER ENGAGEMENT:

THE CHNA REGIONAL ADVISORY COMMITTEE (RAC) INCLUDED REPRESENTATIVES FROM EACH HOSPITAL/INSURER COALITION MEMBER AS WELL AS PUBLIC HEALTH AND COMMUNITY STAKEHOLDERS FROM EACH HOSPITAL SERVICE AREA. STAKEHOLDERS ON THE RAC INCLUDED LOCAL AND REGIONAL PUBLIC HEALTH AND HEALTH DEPARTMENT REPRESENTATIVES; REPRESENTATIVES FROM LOCAL AND REGIONAL ORGANIZATIONS SERVING OR REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME OR POPULATIONS OF COLOR; AND INDIVIDUALS FROM ORGANIZATIONS THAT REPRESENTED THE BROAD...
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, 20a, 20b, 20c, 20d, 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.


KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED TO BOTH GATHER INFORMATION USED TO IDENTIFY PRIORITY HEALTH NEEDS AND ENGAGE THE COMMUNITY. KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH HEALTH CARE PROVIDERS, HEALTH CARE ADMINISTRATORS, LOCAL AND REGIONAL PUBLIC HEALTH OFFICIALS, AND LOCAL LEADERS THAT REPRESENT THE INTERESTS OF THE COMMUNITY OR THAT SERVE MEDICALLY UNDERSERVED, LOW-INCOME, OR POPULATIONS OF COLOR IN THE SERVICE AREA. INTERVIEWS WITH LOCAL AND REGIONAL PUBLIC HEALTH OFFICIALS WERE USED TO IDENTIFY PRIORITY HEALTH AREAS AND COMMUNITY FACTORS THAT CONTRIBUTE TO HEALTH NEEDS. FOCUS GROUP PARTICIPANTS INCLUDED COMMUNITY ORGANIZATIONAL REPRESENTATIVES, COMMUNITY MEMBERS (LOW-INCOME, PEOPLE OF COLOR, AND OTHERS), AND OTHER COMMUNITY STAKEHOLDERS. TOPICS AND POPULATIONS INCLUDED: SUBSTANCE USE, TRANSGENDER HEALTH, OLDER ADULTS, YOUTH, MENTAL HEALTH, CANCER CARE, GUN VIOLENCE, AND RURAL FOOD ACCESS. KEY INFORMANT INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED FROM FEBRUARY 2019 THROUGH MARCH 2019. FOCUS GROUPS AND KEY INFORMANT INTERVIEWS ENGAGED
ABOUT 210 PEOPLE, PRIMARILY IN HAMPSHIRE COUNTY BUT ALSO ACROSS THE REGION.

THIS CHNA ALSO USED QUALITATIVE DATA FROM OTHER HOSPITAL SERVICE AREAS AS APPROPRIATE.

THREE COMMUNITY CONVERSATIONS AND APPROXIMATELY 46 COMMUNITY CHATS WERE HELD THAT WERE PERTINENT TO MERCY'S CHNA. COMMUNITY CONVERSATIONS WERE LARGER BIDIRECTIONAL INFORMATION-SHARING MEETINGS THAT WERE CONDUCTED IN THE HOSPITAL'S SERVICE AREA, WITH ONE DONE IN SPANISH IN SPRINGFIELD. FOR COMMUNITY CHATS, RAC MEMBERS SHARED INFORMATION ABOUT THE CHNA AND GATHERED PRIORITIES IN REGULAR MEETINGS OF SERVICE PROVIDERS, COMMUNITY-BASED ORGANIZATIONS, AND GROUPS OF STAFF AND ADMINISTRATORS AT HOSPITALS. CONVERSATIONS AND CHATS WERE HELD FROM JANUARY 2019 THROUGH APRIL 2019 AND ENGAGED APPROXIMATELY 824 PEOPLE IN HAMPSHIRE COUNTY.

COMMUNITY FORUM SESSIONS WERE HELD IN JUNE 2019 UPON COMPLETION OF THE CHNA REPORT. THE COMMUNITY LISTENING SESSIONS INCLUDED INDIVIDUALS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY AND COMMUNITY STAKEHOLDERS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE SESSIONS HELPED TO OBTAIN INPUT ON THE PRIORITIZED HEALTH NEEDS THAT WERE IDENTIFIED IN THE CHNA AND TO GAIN FEEDBACK ON THE NEEDS THAT ARE THE FOCUS OF THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PROCESS.

BELOW IS A LIST OF PUBLIC HEALTH AND COMMUNITY REPRESENTATIVES, AND OTHER STAKEHOLDERS INVOLVED IN THE PROCESS, WHICH INCLUDED REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS. THESE VULNERABLE POPULATIONS, WHICH INCLUDE CHILDREN, OLDER ADULTS, LATINOS,
AFRICAN AMERICANS, AND REFUGEES, WERE REPRESENTED BY:

ACO PATIENT FAMILY ADVISORY COUNCIL, ALZHEIMER'S SUPPORT GROUP, ARM BROOK
VILLAGE OLDER ADULT COMMUNITY, BAYSTATE COMMUNITY FACULTY HEALTH CARE
PROFESSIONALS, BMC PATIENT FAMILY ADVISORY COUNCIL, BOYS AND GIRLS CLUB,
BSEP CAREER INTERDISCIPLINARY, C3 MASON SQUARE, C3 SOUTH END, CARSON
CENTER, CENTER FOR HUMAN DEVELOPMENT, CITY OF SPRINGFIELD PUBLIC HEALTH
DEPARTMENT, COLLABORATIVE FOR EDUCATIONAL SERVICES, COMMUNITY ACTION
PIONEER VALLEY, DEAN HIGH SCHOOL YOUTH COMMUNITY, EAST LONGMEADOW BOARD OF
HEALTH, FALCETTI TOWERS COMMUNITY, FAMILY ADVOCACY CENTER'S HOMICIDE
BEREAVEMENT PROGRAM, GANDAR COMMUNITY, GIRLS INC. SPRINGFIELD YOUTH
COMMUNITY, GREATER SPRINGFIELD SENIOR SERVICES, HAMPDEN COUNTY HEALTH
COALITION, HAMPDEN COUNTY SHERIFF'S DEPARTMENT, HEALTHY HILL INITIATIVE,
HOLYOKE COMMUNITY COLLEGE, INTERFAITH COUNCIL, JEWISH FAMILY SERVICES,
KAMP FOR KIDS, MA DEPARTMENT OF PUBLIC HEALTH - BUREAU OF SUBSTANCE USE
SERVICES, MA DEPARTMENT OF PUBLIC HEALTH - DIVISION FOR PERINATAL/EARLY
CHILDHOOD/SPECIAL NEEDS/CARE COORDINATION, MARTIN LUTHER KING FAMILY
SERVICES, MASON SQUARE CAB, MASS IN MOTION, MASS MUTUAL, MASSACHUSETTS
COUNCILS ON AGING, MATERNAL AND CHILD HEALTH COMMISSION, MEN OF COLOR
HEALTH AWARENESS, MENTAL HEALTH ASSOCIATION, METROCARE OF SPRINGFIELD,
MORGAN SCHOOL, NATIONAL ASSOCIATION OF HISPANIC NURSES OF WESTERN MA, NEW
NORTH CITIZEN'S COUNCIL, NOBLE COMMUNITY CARE, NOBLE PATIENT FAMILY
ADVISORY COUNCIL, OUT NOW YOUTH, PARENT VILLAGES, PATCH SERVICES
BEHAVIORAL HEALTH NETWORK, PROJECT COACH YOUTH, SERVICENET, SHRINERS
MEDICAL HOME, SPRINGFIELD DEPARTMENT OF HEALTH & HUMAN SERVICES, SQUARE
ONE, STAVROS CENTER FOR INDEPENDENT LIVING, UNITY OF PIONEER VALLEY, UMASS
SCHOOL OF PUBLIC HEALTH & HEALTH SCIENCES, WESTERN MA BLACK NURSES
ASSOCIATION, WESTERN MA HEALTH EQUITY NETWORK, WESTERN MA VETERANS OUTREACH, WESTFIELD SENIOR CENTER, YOUNG CHILDREN'S COUNCIL.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 6A: MERCY HOSPITAL IS A MEMBER OF THE COALITION OF WESTERN MASSACHUSETTS HOSPITALS AND COLLABORATED WITH THE FOLLOWING HOSPITALS IN CONDUCTING THE CHNA: BAYSTATE MEDICAL CENTER, BAYSTATE FRANKLIN MEDICAL CENTER, BAYSTATE NOBLE HOSPITAL, BAYSTATE WING HOSPITAL, COOLEY DICKINSON HOSPITAL, AND SHRINERS HOSPITAL FOR CHILDREN.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 6B: MERCY HOSPITAL COLLABORATED WITH HEALTH NEW ENGLAND, A HEALTH INSURANCE PROVIDER, IN CONDUCTING THE CHNA.

MERCY HOSPITAL, INC.:

PART V, SECTION B, LINE 11: MERCY HOSPITAL SUPPORTED INITIATIVES TO IMPROVE THE FOLLOWING SIGNIFICANT HEALTH NEEDS IN FISCAL YEAR 2021:

BARRIERS TO ACCESSING QUALITY HEALTH CARE, AND HEALTH OUTCOMES.

BARRIERS TO ACCESSING QUALITY HEALTH CARE — A SIGNIFICANT HEALTH NEED WAS FOUND IN REGARD TO HAMPDEN COUNTY RESIDENTS EXPERIENCING CHALLENGES IN ACCESSING CARE DUE TO THE SHORTAGE OF PROVIDERS. FIFTY-FOUR PERCENT OF HAMPDEN COUNTY RESIDENTS LIVE IN A HEALTH CARE PROFESSIONAL SHORTAGE AREA.
MERCY HOSPITAL IMPLEMENTED AN INITIATIVE TO IMPROVE HEALTH LITERACY, ALONG WITH ACCESS TO CERVICAL CANCER SCREENINGS AND MAMMOGRAMS FOR HOMELESS WOMEN. THE IMPLEMENTATION STRATEGY'S GOAL WAS TO INCREASE THE NUMBER OF HOMELESS WOMEN WHO PARTICIPATE IN WOMEN'S HEALTH SCREENINGS. TO ACCOMPLISH THIS GOAL, MERCY HOSPITAL CONTINUED TO PERFORM CERVICAL CANCER SCREENINGS, AND ALSO VERIFIED THE CERVICAL SCREENING RECORDS AND MAMMOGRAMS PERFORMED INSIDE AND OUTSIDE OF MERCY HOSPITAL. ADDITIONALLY, MERCY HOSPITAL CONTINUED PROVIDING EDUCATION ON THE HEALTH RISKS PERTAINING TO WOMEN'S HEALTH.

HEALTH OUTCOMES – THE SECOND SIGNIFICANT HEALTH NEED WAS FOUND TO BE A NEED TO INCREASE PHYSICAL ACTIVITY AND IMPROVE NUTRITION AMONG AREA RESIDENTS, ESPECIALLY THOSE WITH CHRONIC HEALTH CONDITIONS. MANAGING AND CONTROLLING CHRONIC HEALTH CONDITIONS REMAIN AN AREA OF PRIORITIZED HEALTH NEED FOR HAMPSDEN COUNTY RESIDENTS. RESIDENTS CONTINUE TO EXPERIENCE HIGH RATES AND ASSOCIATED MORBIDITY, PARTICULARLY FOR OBESITY, DIABETES, CARDIOVASCULAR DISEASE, CANCER, AND ASTHMA. A HEALTHY DIET AND PHYSICAL ACTIVITY PLAY AN IMPORTANT ROLE IN PREVENTING AND MANAGING CHRONIC DISEASES.

IN RESPONSE TO THIS HEALTH NEED, AN INITIATIVE WAS IDENTIFIED AND IMPLEMENTED TO IMPROVE PHYSICAL ACTIVITY AND NUTRITION THROUGH EDUCATION AND SPREADING AWARENESS AMONG DIFFERENT POPULATION GROUPS WITHIN THE COMMUNITY. A COMMUNITY HEALTH CHALLENGE WAS CONDUCTED TO IMPROVE COMMUNITY MEMBER HEALTH, CALLED THE "61 DAY CHALLENGE". IT ENCOMPASSED A VARIETY OF HEALTH AND WELLNESS GOALS INCLUDING HEALTHY EATING AND BETTER PHYSICAL
HEALTH. OF THE PEOPLE WHO PARTICIPATED IN THE CHALLENGE, MORE THAN HALF OF THE PARTICIPANTS FELT THEY OBTAINED THEIR GOAL. BESIDES GOALS RELATED TO OBESITY REDUCTION, THE GOALS RELATED TO STRESS REDUCTION AND MENTAL HEALTH WERE ALSO EXTREMELY POPULAR.

MERCY HOSPITAL IS COMMITTED TO ADHERING TO ITS MISSION AND REMAINING GOOD STEWARDS OF ITS RESOURCES SO IT CAN CONTINUE TO ENHANCE ITS CLINICAL ACTIVITIES AND TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE FOLLOWING AREAS HAVE BEEN IDENTIFIED IN THE CHNA AS NEEDS THAT WERE NOT ADDRESSED IN FISCAL YEAR 2021 FOR THE FOLLOWING REASONS:

COMMUNITY LEVEL SOCIAL AND ECONOMIC DETERMINANTS THAT IMPACT HEALTH - MERCY HOSPITAL DID NOT DIRECTLY ADDRESS THIS PARTICULAR NEED BECAUSE MERCY HOSPITAL, ALTHOUGH PLAYING ITS ROLE IN THIS COLLECTIVE EFFORT, IS NOT QUALIFIED TO FULLY ADDRESS THIS NEED IN THE COMMUNITY. MERCY HOSPITAL, HOWEVER, HAS TAKEN STEPS TOWARD ADDRESSING THIS NEED THROUGH ITS VARIOUS COMMUNITY PARTNERS AND WAS AN INSTRUMENTAL PARTNER IN MASSUP SPRINGFIELD COALITION. THIS IS A COLLABORATION BETWEEN MERCY HOSPITAL, THE SPRINGFIELD FOOD POLICY COUNCIL, SQUARE ONE, OPEN PANTRY COMMUNITY SERVICES INC., GARDENING THE COMMUNITY, AND FERTILE GROUND. IT'S A DIVERSE, PLACE-BASED COALITION THAT ADVOCATES FOR ALL SPRINGFIELD RESIDENTS TO ACCESS AND ENJOY HEALTHY FOOD. THE COMMUNITIES OF FOCUS ARE SPRINGFIELD'S NORTH END, SOUTH END, MASON SQUARE, DOWNTOWN AND METRO CENTRAL NEIGHBORHOODS. RACIAL EQUITY AND RESIDENT LEADERSHIP ARE AT THE FOUNDATION OF THIS COALITION'S EFFORTS.
PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.

THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESumptIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC METHOD TO GRANT PRESumptive ELIGIBILITY TO FINANCIALLY NEEDY PATIENTS.

MERCY HOSPITAL, INC. - 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.
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, 20a, 20b, 20c, 20d, 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.

TO THE PUBLIC.

THE MERCY HOSPITAL – PART V, SECTION B, LINE 7A

[Website Link]

COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

THE MERCY HOSPITAL – PART V, SECTION B, LINE 10A:

[Website Link]

COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

THE MERCY HOSPITAL – PART V, SECTION B, LINE 16A:

[Website Link]

THE MERCY HOSPITAL – PART V, SECTION B, LINE 16B:

[Website Link]

THE MERCY HOSPITAL – PART V, SECTION B, LINE 16C:

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

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

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

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 LIFEPATH PARTNERS, LLC</td>
<td></td>
</tr>
<tr>
<td>299 CAREW STREET</td>
<td>LABORATORY</td>
</tr>
<tr>
<td>SPRINGFIELD, MA 01104</td>
<td></td>
</tr>
<tr>
<td>2 WESTERN MASS PETCT IMAGING CENTER</td>
<td>IMAGING CENTER</td>
</tr>
<tr>
<td>271 CAREW STREET</td>
<td></td>
</tr>
<tr>
<td>SPRINGFIELD, MA 01104</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:**

MERCY HOSPITAL PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF MASSACHUSETTS. IN ADDITION, MERCY 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.

IN ADDITION, MERCY 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, $8,715,119, 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 I, LINE 5A:

DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:

MERCY HOSPITAL PARTICIPATED IN COMMUNITY BUILDING ACTIVITIES IN FISCAL YEAR 2021, AS DESCRIBED BELOW:
COALITION BUILDING: MERCY HOSPITAL HOSTED STEERING COMMITTEE MEETINGS AND WAS ACTIVELY INVOLVED IN THE MASSUP SPRINGFIELD COALITION. THE COALITION WORKED TO CREATE A MORE EFFECTIVE FOOD SYSTEM TO HELP RESIDENTS LEAD HEALTHIER LIVES. THE COALITION SUPPORTS THE FOLLOWING: REDUCE SNAP/HIP GAP, MAKE STATE AND LOCAL ADVOCACY EFFORTS TO INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS, ENGAGE AND MOBILIZE NEIGHBORHOOD COUNCILS AND COMMITTEES ADVOCATING FOR HEALTHY FOOD CHOICES, INCREASE SUPPLY OF FRESH FOOD IN CURRENT RETAIL STORES, INCREASE COMMUNITY GARDENS.

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:
MERCY 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, MERCY HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, MERCY 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:
MERCY HOSPITAL IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR PAYMENTS TO THE CORPORATION'S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT AGREEMENTS WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

PART III, LINE 8:
MERCY 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 - MERCY 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 - MERCY 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.

MERCY 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.

MERCY HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING,
COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MERCY
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 –
THE SERVICE AREA FOR MERCY INCLUDES ALL 23 COMMUNITIES WITHIN HAMPDEN
COUNTY WHICH INCLUDES THE THIRD LARGEST CITY IN MASSACHUSETTS –
SPRINGFIELD (POPULATION OVER 150,000). THREE ADJACENT CITIES (HOLYOKE,
CHICOPEE AND WEST SPRINGFIELD) CREATE A DENSELY POPULATED URBAN CORE THAT
INCLUDES OVER HALF OF THE POPULATION OF THE SERVICE AREA (270,000 PEOPLE).
SMALLER COMMUNITIES EXIST TO THE EAST AND WEST OF THIS CENTRAL CORE AREA.
MANY OF THESE COMMUNITIES HAVE POPULATIONS UNDER 20,000 PEOPLE. THE
PIONEER VALLEY TRANSIT AUTHORITY, THE SECOND LARGEST PUBLIC TRANSIT SYSTEM IN THE STATE, SERVES 11 COMMUNITIES IN THE SERVICE AREA, AND CONNECTS SUBURBAN AREAS TO THE CORE CITIES AND SERVICES.


THE MEDIAN AGE FOR THE SERVICE AREA IS SIMILAR TO THAT OF MASSACHUSETTS, ALTHOUGH IN SPRINGFIELD THE MEDIAN AGE IS ABOUT 33 YEARS OF AGE COMPARED TO 39 IN HAMPDEN COUNTY. THE POPULATION OVER 45 YEARS OLD IS GROWING AS A PERCENTAGE OF THE TOTAL POPULATION. BETWEEN 2010 AND 2035, THE PROPORTION OF PEOPLE OVER AGE 60 IS PROJECTED TO GROW FROM 20% OF THE POPULATION TO 28% IN HAMPDEN COUNTY, WITH THE NUMBER OF OLDER ADULTS INCREASING FROM APPROXIMATELY 92,000 IN 2010 TO AN ESTIMATED 140,000 IN 2035.

IN HAMPDEN COUNTY 16% OF THE POPULATION HAS A DISABILITY COMPARED TO THE STATE AT 12%. IN SPRINGFIELD AND HOLYOKE, DISABILITY RATES ARE HIGH AT ALMOST 20% AND 17%, RESPECTIVELY. IN HAMPDEN COUNTY, 11% OF YOUTH UNDER 18 HAVE A DISABILITY (THE PERCENTAGE FOR THE STATE IS 7%). BY RACE AND ETHNICITY, 6% OF WHITE CHILDREN HAVE A DISABILITY, 10% OF LATINO CHILDREN, AND 6% OF BLACK CHILDREN (ACS, 2013-2017). PEOPLE WITH DISABILITIES TEND TO HAVE HIGHER RATES OF POVERTY AND LOWER LEVELS OF EDUCATION. IN HAMPDEN COUNTY, POVERTY RATES AMONG THOSE WITH A DISABILITY (27%) WERE MORE THAN DOUBLE THOSE AMONG PEOPLE WITHOUT A DISABILITY (12%). SIMILARLY, 30% OF THE POPULATION WITH A DISABILITY DID NOT HAVE A HIGH SCHOOL DIPLOMA, COMPARED TO 11% AMONG THOSE WITHOUT A DISABILITY (US CENSUS, ACS, 2013-2017).

HAMPDEN COUNTY CONTAINS SIX ACUTE CARE HOSPITAL FACILITIES. SEVERAL AREAS AND POPULATIONS IN HAMPDEN COUNTY ARE DESIGNATED AS HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA). OVER 54% PERCENT OF HAMPDEN COUNTY RESIDENTS LIVE IN A HPSA. THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS (MUA/MUP) IN HAMPDEN COUNTY ARE PRIMARILY FOUND IN SPRINGFIELD, WEST SPRINGFIELD, WESTFIELD, BLANDFORD, AND CHESTER. MUA AND MUP ARE IDENTIFIED...
BASED ON AVAILABILITY OF PRIMARY CARE PROVIDERS, INFANT MORTALITY RATE, POVERTY RATE, AND PROPORTION OF OLDER ADULTS.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH -

MERCY HOSPITAL'S GOVERNING BODY IS ITS BOARD OF DIRECTORS, THE MAJORITY OF WHICH IS COMPRISED OF INDIVIDUALS WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS. THE ORGANIZATION EXTENDS MEDICAL PRIVILEGES TO QUALIFIED PHYSICIANS IN THE COMMUNITY FOR ITS DEPARTMENTS AND SPECIALTIES, PROVIDED THESE PHYSICIANS MEET THE QUALIFICATIONS OUTLINED AND CERTIFIED BY THE MEDICAL CREDENTIALING OFFICE. AS A NON-PROFIT ENTITY, ANY AND ALL OF MERCY HOSPITAL'S EXCESS FUNDS ARE USED TO FUND IMPROVEMENTS IN PATIENT CARE AND MEDICAL EDUCATION.

MERCY HOSPITAL FURTHER PROMOTES THE HEALTH OF THE COMMUNITY BY OFFERING THE FOLLOWING:

HEALTH CARE FOR THE HOMELESS (HCH) - MERCY HOSPITAL'S DEPARTMENT OF COMMUNITY HEALTH PROVIDED CARE TO THE COMMUNITY'S HOMELESS POPULATION IN FRANKLIN, HAMPSHIRE, AND HAMPDEN COUNTIES THROUGH PRIMARY CARE SERVICES, HEALTH EDUCATION, CASE MANAGEMENT, MENTAL HEALTH SERVICES, AND FREE CLINICS. MORE THAN 5,000 TOTAL MEDICAL ENCOUNTERS INCLUDING MENTAL HEALTH SERVICES AND COVID-19 TEST AND VACCINE ADMINISTRATION WERE PROVIDED. IN THE ONGOING EFFORT TO IDENTIFY HOMELESS PERSONS IN WESTERN MASSACHUSETTS, THE HCH STAFF (WHICH INCLUDES PHYSICIANS, NURSE PRACTITIONERS, REGISTERED NURSES, MEDICAL HEALTH COUNSELORS, AND MEDICAL ASSISTANTS) ASSESS HOMELESS NEEDS AND RESOURCES, DELIVERS HEALTH AND SOCIAL SERVICES AND EVALUATES THE IMPACT.
THE FOLLOWING GRANTS WERE RECEIVED BY THE HCH TEAM TO ADDRESS HOMELESSNESS:

ESG GRANT 1 - FUNDING TO HIRE A COMMUNITY OUTREACH NURSE RN AND COMMUNITY HEALTH WORKER. BOTH ROLES WORK IN TANDEM TO PROVIDE OUTREACH SERVICES TO INDIVIDUALS WHO ARE UNWILLING/UNABLE TO SLEEP IN CONGREGATE LIVING SITUATIONS, FOCUSING ON HAMPSDEN COUNTY. THEIR OUTREACH SERVICES INCLUDE CASE MANAGEMENT, EMPLOYMENT ASSISTANCE AND JOB TRAINING, LIFE SKILLS TRAINING, MENTAL HEALTH SERVICES AND SUBSTANCE USE TREATMENT. BASIC PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES WILL ALSO BE OFFERED THROUGH REFERRAL TO THE HEALTHCARE FOR THE HOMELESS CLINIC.

ESG GRANT 2 - FUNDING TO EXPAND COMMUNITY OUTREACH EFFORTS AND HIRE A SOCIAL WORKER AS WELL AS A SECOND COMMUNITY HEALTH WORKER. THEY WORK IN TANDEM WITH THE ESG 1 TEAM TO PROVIDE OUTREACH SERVICES TO INDIVIDUALS WHO ARE UNWILLING/UNABLE TO SLEEP IN CONGREGATE LIVING SITUATIONS, FOCUSING ON SPRINGFIELD.

PVTA TAXI GRANT - FUNDING TO COVER NON-EMERGENCY AND NON-COVID-19 TRAVEL FOR HOMELESS PATIENTS AND SENIORS WHO FACED TRANSPORTATION BARRIERS WHEN MEETING THEIR BASIC NEEDS.

WELL AS TARGETED MESSAGING FOR CHILDREN.

THE TRINITY HEALTH "IT STARTS HERE" CAMPAIGN SUPPORTED COVID-19 VACCINE OUTREACH, EDUCATION AND CLINICS BY GRANTING SUBCONTRACTS TO LOCAL COMMUNITY-BASED ORGANIZATIONS WHICH INCLUDED THE PUBLIC HEALTH INSTITUTE OF WESTERN MA, BLACK SPRINGFIELD COVID-19 COALITION, NEW NORTH CITIZENS' COUNCIL, EDUCARE SPRINGFIELD AND OPEN PANTRY COMMUNITY SERVICES, INC. THE COMMUNITIES OF FOCUS WERE COMMUNITIES OF COLOR AND THOSE WHO ARE VULNERABLE LIVING IN SPRINGFIELD. ACTIONS INCLUDED: PROVIDING VACCINES TO COMMUNITY MEMBERS AND HOSTING VACCINE CLINICS AT COMMUNITY EVENTS; HAVING BILINGUAL COMMUNITY OUTREACH CHAMPIONS GO DOOR-TO-DOOR TO ADDRESS CONCERNS AROUND THE VACCINE; ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS AND RADIO STATIONS TO PROMOTE THE "IT STARTS HERE" CAMPAIGN ON THE IMPORTANCE OF BEING VACCINATED. WITH THIS CAMPAIGN, OVER 30,000 PEOPLE WERE REACHED VIA COMMUNITY COVID-19 OUTREACH AND EDUCATION EFFORTS.

PART VI, LINE 6:

MERCY HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES
2. ADVANCING SOCIAL CARE
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH
INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN, COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS. THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19.
VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90
COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY, WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70 KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.

ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:

IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.
TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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

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

MA