

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SAINT MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> 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: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> 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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> 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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			2051043.		2051043.	.62%
<b>b</b> Medicaid (from Worksheet 3, column a)			102881600	82520589.	20361011.	6.18%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			104932643	82520589.	22412054.	6.80%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	6	1,445	445,083.	248,631.	196,452.	.06%
<b>f</b> Health professions education (from Worksheet 5)	1		12385458.	3467852.	8917606.	2.71%
<b>g</b> Subsidized health services (from Worksheet 6)	2	547	937,965.		937,965.	.28%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	2		64,191.		64,191.	.02%
<b>j Total.</b> Other Benefits	11	1,992	13832697.	3716483.	10116214.	3.07%
<b>k Total.</b> Add lines 7d and 7j	11	1,992	118765340	86237072.	32528268.	9.87%





**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: SAINT MARY'S HOSPITAL

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
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? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	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 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
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 .....	5	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 .....	6a	X
b 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 .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
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)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: SAINT MARY'S HOSPITAL

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> 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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> 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		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: SAINT MARY'S HOSPITAL

	Yes	No	
<b>17</b> 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? .....	<b>17</b>	<b>X</b>	
<b>18</b> 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 <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> 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? .....	<b>19</b>		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: SAINT MARY'S HOSPITAL

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- 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.

	Yes	No
<b>23</b>		<b>X</b>
<b>24</b>		<b>X</b>

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SAINT MARY'S HOSPITAL:

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

PART V, SECTION B, LINE 3E: SAINT MARY'S HOSPITAL INCLUDED IN ITS  
COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST  
AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE  
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. ACCESS TO CARE

- READMISSIONS
- LANGUAGE
- CARE COORDINATION

2. OUTREACH & COMMUNITY TRUST

- HEALTH EDUCATION
- CULTURALLY COMPETENT CARE
- MATERNAL HEALTH

3. SYSTEMS CHANGE

- SUBSTANCE ABUSE
- MENTAL HEALTH
- CHRONIC DISEASE PREVENTION



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 5: THE INPUT OF THE COMMUNITY, ESPECIALLY FROM THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS, WAS PRIORITIZED AS AN IMPORTANT PART OF THE CHNA PROCESS. BELOW ARE THE PRIMARY MECHANISMS FOR DATA COLLECTION AND COMMUNITY AND STAKEHOLDER ENGAGEMENT:

QUANTITATIVE AND QUALITATIVE DATA WAS COLLECTED AND REVIEWED THROUGHOUT THE CHNA PROCESS. SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U.S. CENSUS, U.S. BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES. TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS.

BETWEEN JUNE AND DECEMBER 2021, DATAHAVEN AND THE SIENA COLLEGE RESEARCH INSTITUTE CONDUCTED 9,139 INTERVIEWS OF RANDOMLY-SELECTED ADULTS IN EVERY CONNECTICUT TOWN FOR ITS COMMUNITY WELLBEING SURVEY. THE WELLBEING SURVEY INCLUDED LIVE, IN-DEPTH INTERVIEWS WITH 1,078 RESIDENTS IN THE REGION VIA CELLULAR AND LANDLINE PHONE; 352 OF WHICH WERE FROM WATERBURY.

BEGINNING IN MAY OF 2022, GREATER WATERBURY HEALTH PARTNERSHIP AND FOCUS GROUP PARTNERS WATERBURY BRIDGE TO SUCCESS, HISPANIC COALITION AND TRINITY HEALTH OF NEW ENGLAND CONDUCTED 4 FOCUS GROUPS THAT ENGAGED RESIDENTS OF THE SOUTH END AND NORTH END OF WATERBURY. BOTH OF THESE NEIGHBORHOODS EXPERIENCE THE MOST DISPARITY BY RACE OVERALL IN THE COMMUNITY.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 6A: SAINT MARY'S HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA:

WATERBURY HOSPITAL AND STAYWELL HEALTH CENTER (A FEDERALLY QUALIFIED HEALTH CENTER).

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 6B: SAINT MARY'S HOSPITAL COLLABORATED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA:

CENTER FOR HUMAN DEVELOPMENT, CHESPROCOTT HEALTH DISTRICT CITY OF WATERBURY - DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT COMMUNITY FOUNDATION, MALTA HOUSE OF CARE, NEW OPPORTUNITIES, INC., UNITED WAY OF GREATER WATERBURY, WATERBURY BRIDGE TO SUCCESS, AND WESTERN CT MENTAL HEALTH NETWORK.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: SAINT MARY'S HOSPITAL FOCUSED ON AND SUPPORTED INITIATIVES TO IMPROVE THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS.

SYSTEMS CHANGE: SUBSTANCE ABUSE/MENTAL HEALTH - SAINT MARY'S HOSPITAL CONTINUED ITS PARTNERSHIP WITH LOCAL AGENCIES ON THE COMMUNITY CARE TEAM AND ITS REFERRAL PROCESSES TO SUPPORT PATIENTS WITH COMPLEX BEHAVIORAL HEALTH PROBLEMS; MANY OF WHOM ARE DEALING WITH SUBSTANCE ABUSE AND MENTAL HEALTH CO-MORBIDITIES.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

ACCESS TO CARE AND OUTREACH: SAINT MARY'S HOSPITAL PARTICIPATED IN THE GREATER WATERBURY HEALTH ACCESS PROGRAM, A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, STAYWELL CENTER AND THE WATERBURY HEALTH DEPARTMENT, WHICH PROVIDES DISCOUNTED AND FREE MEDICAL SERVICES TO UNINSURED AND UNDERINSURED MEMBERS OF THE COMMUNITY. THIS PARTNERSHIP CONTINUED TO PROVIDE MESSAGING TO ALL RESIDENTS OF THE GREATER WATERBURY METRO REGION ABOUT HEALTH EDUCATION TOPICS AND PUBLICIZED ACTIVITIES THAT SUPPORT THE HEALTH OF THE RESIDENTS.

SAINT MARY'S HOSPITAL ALSO FOCUSED ON CULTURALLY COMPETENT CARE, ADDRESSING READMISSIONS, AND PROVIDING CARE COORDINATION. SAINT MARY'S HOSPITAL AIMED TO PROVIDE CARE THAT IS SENSITIVE TO THE CULTURAL BACKGROUNDS AND NEEDS OF ITS PATIENTS. THIS INCLUDED BUILDING THE CAPACITY OF HEALTHCARE PROVIDERS TO UNDERSTAND AND ADDRESS CULTURAL DIFFERENCES. REDUCING READMISSIONS WAS DONE THROUGH ITS CARE COORDINATION SERVICES, WHICH HELPED CLIENTS NAVIGATE THE HEALTHCARE SYSTEMS AND ACCESS NECESSARY RESOURCES INCLUDING ADDRESSING MEDICAL, SOCIAL, DEVELOPMENTAL, EDUCATIONAL, AND FINANCIAL NEEDS.

SAINT MARY'S HOSPITAL ACKNOWLEDGES THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS AND DETERMINED THAT IT COULD EFFECTIVELY FOCUS ON THE HEALTH NEEDS WHICH IT DEEMED MOST PRESSING, UNDER-ADDRESSED, AND WITHIN ITS ABILITY TO INFLUENCE. SAINT MARY'S HOSPITAL IS ALSO COMMITTED TO PROVIDING HIGH QUALITY CLINICAL SERVICES TO THE COMMUNITY. IN ORDER TO BE GOOD STEWARDS OF THE RESOURCES AVAILABLE FOR THIS WORK, THE COMMUNITY BENEFIT ACTIVITIES INCLUDED IN THE HOSPITAL'S

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

PORTFOLIO ARE DESIGNED TO LEVERAGE THE SKILLS AND EXPERTISE OF THE  
HOSPITAL AND ITS STAFF. FOR THAT REASON, LANGUAGE, MATERNAL HEALTH, AND  
CHRONIC DISEASE PREVENTION WERE NOT SPECIFICALLY ADDRESSED.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS  
ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION. THEREFORE, APPROVAL  
FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE  
INFORMATION. WHEN SUCH APPROVAL IS GRANTED, IT IS CLASSIFIED AS  
"PRESUMPTIVE SUPPORT." EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED  
PATIENTS WITH NO KNOWN ESTATE, HOMELESS PATIENTS, 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 DISADVANTAGED PATIENTS, A  
THIRD-PARTY MAY BE 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 ARE EXHAUSTED, THE PREDICTIVE MODEL PROVIDES A SYSTEMATIC

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY DISADVANTAGED PATIENTS.

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 7A:

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

SAINT MARY'S HOSPITAL - 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.

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 10A:

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

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 16A:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 16B:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 16C:

WWW.TRINITYHEALTHOFNE.ORG/FOR-PATIENTS/BILLING-AND-FINANCIAL-RESOURCES/

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of facility (describe)
1 CHESHIRE PRIMARY CARE 1154 HIGHLAND AVE CHESHIRE, CT 06410	PRIMARY CARE
2 SOUTHBURY INTERNAL MEDICINE 385 MAIN ST SOUTH SOUTHBURY, CT 06488	INTERNAL MEDICINE
3 BLOOD DRAW 301 - 303 UNION SQUARE SOUTHBURY, CT 06488	LAB
4 MEDICAL OFFICES 33 BULLET HILL RD SOUTHBURY, CT 06488	WOMEN'S HEALTH, ONCOLOGY, ROBOTIC & LAPAROSCOPIC SURGICAL SPECIALISTS
5 POLOKOFF BREAST CARE, LLC 900 MAIN STREET SOUTH BLDG 2, STE 101 SOUTHBURY, CT 06488	WOMEN'S HEALTH
6 DIAGNOSTIC IMAGING OF SOUTHBURY 385 MAIN ST SOUTHBURY, CT 06488	RADIOLOGY
7 MEDICAL OFFICES 133 SCOVILL STREET WATERBURY, CT 06705	LAB, SLEEP DISORDER CENTER, NUTRITION CENTER, PRIMARY CARE, RHEUMATOLOGY, OB
8 EAST MAIN PRIMARY CARE 3801 EAST MAIN ST WATERBURY, CT 06705	PRIMARY CARE
9 MEDICAL OFFICES 1981 EAST MAIN STREET WATERBURY, CT 06706	PHYSICAL AND OCCUPATIONAL THERAPY, LAB, & X-RAY, INTERNAL MEDICINE
10 MEDICAL OFFICES 503 WOLCOTT ROAD WOLCOTT, CT 06706	SLEEP DISORDER CENTER, INTERNAL MEDICINE

Schedule H (Form 990) 2023

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

Name and address	Type of facility (describe)
11 THE HEART GROUP AT THOFNE MEDICAL GRP 1320 WEST MAIN STREET WATERBURY, CT 06708	CARDIOVASCULAR CARE
12 NAUGATUCK VALLEY SURGICAL CENTER 160 ROBBINS ST WATERBURY, CT 06708	SAME DAY SURGERY
13 CHASE ONCOLOGY 1075 CHASE PARKWAY WATERBURY, CT 06708	ONCOLOGY/HEMATOLOGY
14 MEDICAL OFFICES 166 WATERBURY RD PROSPECT, CT 06712	WOMEN'S HEALTH, ONCOLOGY, PEDICATRICS, PRIMARY CARE
15 NAUGATUCK VALLEY MRI 166 WATERBURY RD PROSPECT, CT 06712	RADIOLOGY
16 MEDICAL OFFICES 590 MIDDLEBURY RD MIDDLEBURY, CT 06762	INTERNAL MEDICINE
17 MEDICAL OFFICES 1579 STRAITS TPKE MIDDLEBURY, CT 06762	UROLOGY, NEUROLOGY
18 MEDICAL OFFICES 58 MAPLE STREET NAUGATUCK, CT 06770	URGENT CARE, PHYSICAL THERAPY, VISION CENTER, INTERNAL MEDICINE
19 MEDICAL OFFICES 70 HEMINWAY PARK ROAD WATERTOWN, CT 06795	LAB, INTERNAL MEDICINE

Schedule H (Form 990) 2023

**Part VI** Supplemental Information

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 (for example, 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.

---

**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.

---

**PART I, LINE 6A:**

SAINT MARY'S HOSPITAL REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF  
THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH  
(EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT  
WWW.TRINITY-HEALTH.ORG.

SAINT MARY'S HOSPITAL ALSO INCLUDES A COPY OF ITS MOST RECENTLY FILED  
SCHEDULE H ON TRINITY HEALTH'S WEBSITE AT  
WWW.TRINITY-HEALTH.ORG/OUR-IMPACT/COMMUNITY-HEALTH-AND-WELL-BEING.

---

**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



**Part VI** Supplemental Information (Continuation)

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, \$10,406,015, 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 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:

SAINT MARY'S 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

**Part VI** Supplemental Information (Continuation)

EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, SAINT MARY'S HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT MARY'S HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

## PART III, LINE 4:

SAINT MARY'S 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 14 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

**Part VI** Supplemental Information (Continuation)

ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED. ESTIMATED RECEIVABLES FROM THIRD-PARTY PAYERS ALSO INCLUDES AMOUNTS RECEIVABLE UNDER STATE MEDICAID PROVIDER TAX PROGRAMS."

PART III, LINE 5:

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

PART III, LINE 8:

THE IRS COMMUNITY BENEFIT OBJECTIVES INCLUDE RELIEVING OR REDUCING THE BURDEN OF GOVERNMENT TO IMPROVE HEALTH. TREATING MEDICARE PATIENTS CREATES SHORTFALLS THAT MUST BE ABSORBED BY HOSPITALS, WHICH PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES. THEREFORE, THE HOSPITAL BELIEVES ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT. TRINITY HEALTH AND ITS HOSPITALS REPORT AS COMMUNITY IMPACT THE LOSS ON MEDICARE AND A HOST OF MANY OTHER EXPENSES DESIGNED TO SERVE PEOPLE EXPERIENCING POVERTY IN OUR COMMUNITIES. SEE SCHEDULE H, PART VI, LINE 5 FOR MORE INFORMATION.

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 26, 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 VI** Supplemental Information (Continuation)

## 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. 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 - PARTICIPATION BY STAFF ON COMMUNITY BOARDS AND COUNCILS IMPROVES COMMUNITY CONNECTIONS AND SERVES TO SUPPORT KNOWLEDGE OF COMMUNITY HEALTH CARE NEEDS. HOSPITAL COLLEAGUES ARE EMBEDDED IN THE COMMUNITY AND PARTICIPATE IN ACTIVITIES WHICH PROVE TO KEEP THEM AWARE OF THE NEEDS OF COMMUNITY MEMBERS. COMMUNITY ENGAGEMENT ACTIVITIES PROVIDE AN OPPORTUNITY FOR COMMUNITY RESIDENTS AND HOSPITAL STAFF TO ENGAGE IN AN ACTIVITY OUTSIDE OF THE CLINICAL CARE SETTING.

## PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SAINT MARY'S HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS OFFERED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HEALTH CARE 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.

**Part VI** Supplemental Information (Continuation)

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 FOR FINANCIAL SUPPORT PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

SAINT MARY'S HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, 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 AND GOVERNMENT 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.

## PART VI, LINE 4:

COMMUNITY INFORMATION - THE AREA, GREATER WATERBURY, REFERS TO THREE PRIMARY GEOGRAPHIC AREAS: (1) WATERBURY/URBAN CORE; (2) THE INNER RING, WHICH INCLUDES TOWNS CONTIGUOUS TO WATERBURY (NAUGATUCK, PROSPECT, CHESHIRE, WOLCOTT, MIDDLEBURY, WATERTOWN, THOMASTON); AND (3) THE OUTER RING, WHICH INCLUDES ALL REMAINING TOWNS IN THE REGION (BEACON FALLS, OXFORD, SOUTHBURY, WOODBURY, BETHLEHEM, MORRIS, LITCHFIELD, GOSHEN,

**Part VI** Supplemental Information (Continuation)

WARREN, WASHINGTON, ROXBURY, BRIDGEWATER, NEW MILFORD).

THE COMMUNITY ENCOMPASSES WESTERN CONNECTICUT AND IS RELATIVELY LARGE WITH A POPULATION OF APPROXIMATELY 313,000 RESIDENTS. THE GEOGRAPHIC AREA WAS DEFINED BY PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA). THE PSA IS THE AREA THAT THE HOSPITAL PREDOMINANTLY SERVES AND THE HOSPITAL'S MAIN CATCHMENT AREA. IT COMPRISES ALL OF WATERBURY AND HAS A POPULATION OF APPROXIMATELY 114,000 RESIDENTS. A SNAPSHOT OF WATERBURY FROM THE 2020 US CENSUS SHOWS: 42,135 HOUSEHOLDS; \$46,329 MEDIAN HOUSEHOLD INCOME; 48,392 TOTAL HOUSING UNITS; 17.1%. WITH A BACHELOR'S DEGREE OR HIGHER; 39% HISPANIC OR LATINO DESCENT; AND 7.6% WITHOUT HEALTHCARE COVERAGE.

WITHIN THE REGION, THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION HAS DESIGNATED THE CENTRAL WATERBURY AREA AS A MEDICALLY UNDERSERVED AREA/POPULATION. THERE IS ONE OTHER HOSPITAL SERVING THIS COMMUNITY, WATERBURY HOSPITAL.

PART VI, LINE 5:

OTHER INFORMATION - SAINT MARY'S HOSPITAL PARTNERED WITH WATERBURY HEALTH ACCESS TO PROVIDE MORE ACCESS TO HEALTH CARE IN THE COMMUNITY. THIS PROGRAM PROVIDED FREE DONATED SERVICES BY AREA PROFESSIONALS FOR INDIVIDUALS WHO CANNOT AFFORD OR DO NOT QUALIFY OR ARE NOT ELIGIBLE FOR INSURANCE. PHYSICIANS DONATED THEIR TIME TREATING PATIENTS AND PROVIDING NEEDED MEDICAL ASSISTANCE. IN ADDITION, PRESCRIPTION DRUGS AND OTHER MEDICAL AND HEALTH CARE SUPPLIES WERE DONATED TO PROVIDE DISCOUNTED AND FREE HEALTH CARE FOR COMMUNITY MEMBERS IN THE PROGRAM.

**Part VI** Supplemental Information (Continuation)

FUNDED BY TRINITY HEALTH, THE FOUR-YEAR TRANSFORMING COMMUNITIES INITIATIVE (TCI) SUPPORTED THE COMMUNITY TO BUILD CAPACITY FOR, AND SUCCESSFULLY IMPLEMENT, POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE STRATEGIES. THIS COLLABORATION - INVOLVING THE LEAD COMMUNITY ORGANIZATION WITH A FULL-TIME TCI-FUNDED PROGRAM DIRECTOR, TRINITY HEALTH OF NEW ENGLAND/SAINT MARY'S HOSPITAL, AND OTHER PARTNERS - RECEIVED GRANT FUNDING AND TECHNICAL ASSISTANCE, AND PARTICIPATED IN PEER LEARNING OPPORTUNITIES. TRINITY HEALTH OF NEW ENGLAND PARTNERED WITH WATERBURY'S BRIDGE TO SUCCESS (BTS) TO SERVE AS THE LEAD COMMUNITY BASED ORGANIZATION SINCE ALL THEIR WORK IS GROUNDED IN EQUITY. BTS WAS ESTABLISHED IN 2010 AS THE STATE'S FIRST CRADLE TO CAREER YOUTH INITIATIVE AND IS A MEMBER OF THE NATIONALLY ACCLAIMED STRIVE TOGETHER CRADLE TO CAREER NETWORK. IN THE LAST FIVE YEARS, STRIVE TOGETHER AND BTS HAVE COMMITTED TO, AND INCREASED FOCUS ON, DISMANTLING THE POLICIES, PRACTICES AND BELIEFS THAT HAVE HISTORICALLY DISENFRANCHISED MARGINALIZED COMMUNITY MEMBERS, WITH THE INTENT TO CO-CREATE SUSTAINABLE EQUITABLE SYSTEMS THAT SUPPORT BIPOC YOUTH, FAMILIES, AND COMMUNITIES. ALL BTS INITIATIVES FOCUS ON EDUCATION, RESIDENT ENGAGEMENT, ADVOCACY, AND SYSTEMS CHANGES.

IN FISCAL YEAR 2024 (FY24), TRINITY HEALTH ASSESSED THE TOTAL IMPACT ITS HOSPITALS HAVE ON COMMUNITY HEALTH. THIS ASSESSMENT INCLUDES TRADITIONAL COMMUNITY BENEFIT AS REPORTED IN SCHEDULE H PART I, COMMUNITY BUILDING AS REPORTED IN PART II, THE SHORTFALL ON MEDICARE SERVICES AS REPORTED IN PART III, AS WELL AS EXPENSES THAT ARE EXCLUDED FROM THE PART I COMMUNITY BENEFIT CALCULATION BECAUSE THEY ARE OFFSET BY EXTERNAL FUNDING. ALSO INCLUDED ARE ALL COMMUNITY HEALTH WORKERS, INCLUDING THOSE OPERATING IN OUR CLINICALLY INTEGRATED NETWORKS. OUR GOAL IN SHARING THE COMMUNITY IMPACT IS TO DEMONSTRATE HOW OUR CATHOLIC NOT-FOR-PROFIT HEALTH SYSTEM

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

MAKES A DIFFERENCE IN THE COMMUNITIES WE SERVE - FOCUSING ON IMPACTING  
PEOPLE EXPERIENCING POVERTY - THROUGH FINANCIAL INVESTMENTS.

TRINITY HEALTH OF NEW ENGLAND, WHICH INCLUDES SAINT MARY'S HOSPITAL, HAD A  
TOTAL COMMUNITY IMPACT IN FY24 OF \$277.3 MILLION, AS OF TRINITY HEALTH'S  
YEAR-END OF JUNE 30, 2024.

PART VI, LINE 6:

SAINT MARY'S HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST  
CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S  
COMMUNITY HEALTH & WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR  
PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES  
WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL  
CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF  
TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES  
AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING  
POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND  
COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF  
DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN  
HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH  
ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE AIM TO  
DISMANTLE OPPRESSIVE SYSTEMS AND BUILD COMMUNITY CAPACITY AND  
PARTNERSHIPS.



**Part VI** Supplemental Information (Continuation)

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 WE 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 2024 (FY24), TRINITY HEALTH CONTRIBUTED NEARLY \$1.3 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE EXPERIENCING POVERTY AND OTHER VULNERABILITIES, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE. TRINITY HEALTH FURTHERED ITS COMMITMENT THROUGH AN ADDITIONAL \$900 MILLION IN PROGRAMS AND INITIATIVES THAT IMPACT OUR COMMUNITIES - YIELDING A TOTAL COMMUNITY IMPACT OF \$2.2 BILLION IN FY24.

TRINITY HEALTH'S COMMUNITY INVESTING PROGRAM FINISHED FY24 WITH MORE THAN \$68 MILLION COMMITTED TO BUILDING VITAL COMMUNITY RESOURCES. THESE FUNDS, IN PARTNERSHIP WITH 31 PARTNERS, WERE PAIRED WITH OTHER RESOURCES TO GENERATE MORE THAN \$931.5 MILLION IN INVESTMENTS, WITH APPROXIMATELY 80% (\$749.3 MILLION) OF THESE FUNDS SUPPORTING HIGH PRIORITY ZIP CODES WITHIN TRINITY HEALTH'S SERVICE AREAS (DEFINED AS RACIALLY/ETHNICALLY-DIVERSE COMMUNITIES WITH HIGH LEVELS OF POVERTY). BETWEEN 2018 AND APRIL 2024, THESE INVESTMENTS HAVE BEEN INSTRUMENTAL IN CREATING MUCH-NEEDED COMMUNITY RESOURCES FOR THE PEOPLE THAT WE SERVE, NOTABLY:

- CREATING AT LEAST 1,100 CHILDCARE; 7,000 KINDERGARTEN THROUGH HIGH SCHOOL EDUCATION; AND 1,500 EARLY CHILDHOOD EDUCATION SLOTS.
- DEVELOPING AT LEAST 7.3 MILLION SQUARE FEET OF GENERAL REAL ESTATE.
- PROVIDING 872 STUDENTS NEARLY \$2.5 MILLION IN SCHOLARSHIPS TO PURSUE CAREERS IN THE HEALTH PROFESSIONS.

**Part VI** Supplemental Information (Continuation)

- SUPPORTING 10,800 FULL- AND PART-TIME POSITIONS INVOLVED IN THE CREATION OF THESE PROJECTS.

- CREATING 12,100 UNITS OF AFFORDABLE HOUSING OVER THE LAST FIVE YEARS (INCLUDING 360 SUPPORTIVE HOUSING BEDS).

ACROSS THE TRINITY HEALTH SYSTEM, OVER 875,000 (ABOUT 80%) OF THE PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. ABOUT 28% OF THOSE SCREENED IDENTIFIED AT LEAST ONE SOCIAL NEED. THE TOP THREE NEEDS IDENTIFIED INCLUDED FOOD ACCESS, FINANCIAL INSECURITY AND SOCIAL ISOLATION. TRINITY HEALTH'S ELECTRONIC HEALTH RECORD (EPIC) MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (CRD), COMMUNITY HEALTH WORKERS (CHW'S) AND OTHER SOCIAL CARE PROFESSIONALS. THE CRD (FINDHELP) YIELDED OVER 88,600 SEARCHES, WITH NEARLY 7,000 REFERRALS MADE AND NEARLY 400 ORGANIZATIONS ENGAGED THROUGH OUTREACH, TRAININGS, ONE-ON-ONE ENGAGEMENTS, AND COLLABORATIVES.

CHW'S ARE FRONTLINE HEALTH PROFESSIONALS WHO ARE TRUSTED MEMBERS OF AND/OR HAVE A DEEP UNDERSTANDING OF THE COMMUNITY SERVED. BY COMBINING THEIR LIVED EXPERIENCE AND CONNECTIONS TO THE COMMUNITY WITH EFFECTIVE TRAINING, CHW'S PROVIDE PATIENT-CENTERED AND CULTURALLY RESPONSIVE INTERVENTIONS. CHW'S FULFILL MANY SKILLS AND FUNCTIONS INCLUDING OUTREACH, CONDUCTING ASSESSMENTS LIKE A SOCIAL NEEDS SCREENING OR A HEALTH ASSESSMENT, RESOURCE CONNECTION, SYSTEM NAVIGATION, GOAL-SETTING AND PROBLEM-SOLVING THROUGH ONGOING EDUCATION, ADVOCACY, AND SUPPORT. IN PRACTICE, SOME EXAMPLES ARE A CHW HELPING A PATIENT CONNECT WITH THEIR PRIMARY CARE DOCTOR, ASSISTING WITH A MEDICAID INSURANCE APPLICATION OR UNDERSTANDING THEIR BASIC INSURANCE BENEFITS, OR EMPOWERING A PATIENT TO ASK CLARIFYING QUESTIONS

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

ABOUT THEIR MEDICATIONS OR PLAN OF CARE AT THEIR NEXT DOCTOR'S APPOINTMENT. IN FY24, CHW'S SUCCESSFULLY ADDRESSED NEARLY 16,000 SOCIAL NEEDS. ONE SOCIAL NEED (SUCH AS ADDRESSING HOUSING OR FOOD NEEDS) CAN OFTEN TAKE MONTHS, OR EVEN A YEAR TO SUCCESSFULLY CLOSE, WHICH MEANS THE NEED HAS BEEN FULLY MET AND IS NO LONGER IDENTIFIED AS A NEED.

TRINITY HEALTH RECEIVED A NEW CENTER FOR DISEASE CONTROL AND PREVENTION GRANT (5-YEAR, \$12.5 MILLION AWARD) IN JUNE 2024. SINCE ITS LAUNCH, WE HAVE CREATED 21 NEW MULTI-SECTOR PARTNERSHIPS ACROSS 16 STATES TO ACCELERATE HEALTH EQUITY IN DIABETES PREVENTION. THIS PAST FISCAL YEAR, OUR HUB ENROLLED NEARLY 700 PARTICIPANTS INTO THE 12-MONTH, EVIDENCE-BASED LIFESTYLE CHANGE PROGRAM (60% REPRESENTING BLACK, LATINX AND/OR 65+ POPULATIONS), REACHED OUT TO NEARLY 20,350 PATIENTS AT RISK FOR TYPE 2 DIABETES, RECEIVED OVER 1,350 POINT OF CARE REFERRALS FROM PHYSICIANS, AND SCREENED NEARLY 1,500 POTENTIAL PARTICIPANTS FOR HEALTH-RELATED SOCIAL NEEDS - PROVIDING CHW INTERVENTIONS WHEN REQUESTED.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT [WWW.TRINITY-HEALTH.ORG](http://WWW.TRINITY-HEALTH.ORG).