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

1. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
   - Yes [X] No [ ]

2. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:
   - 100% [ ]
   - 150% [ ]
   - 200% [X]
   - Other [ ]
   - [ ]

3. b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
   - 200% [X]
   - 250% [ ]
   - 300% [ ]
   - 350% [ ]
   - 400% [ ]
   - Other ________ %

4. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
   - Yes [X] No [ ]

5. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
   - Yes [X] No [ ]

6. Did the organization prepare a community benefit report during the tax year?
   - Yes [X] No [ ]

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

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Financial Assistance at cost (from Worksheet 1)</td>
<td>5,710,408.</td>
<td></td>
<td>5,710,408.</td>
<td>72.12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>191,797,662.</td>
<td>113,810,031.</td>
<td>77,987,631.</td>
<td>9.89%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Financial Assistance and Means-Tested Government Programs</td>
<td>197,508,070.</td>
<td>113,810,031.</td>
<td>83,698,039.</td>
<td>10.61%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>3,925,319.</td>
<td></td>
<td>1,264,506.</td>
<td>2,660,813.</td>
<td>.34%</td>
<td></td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>31,157,815.</td>
<td></td>
<td>9,469,486.</td>
<td>21,688,329.</td>
<td>2.75%</td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td>118,701.</td>
<td></td>
<td>118,701.</td>
<td>.02%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>35,201,835.</td>
<td>10,733,992.</td>
<td>24,467,843.</td>
<td>3.11%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>232,709,905.</td>
<td>124,544,023.</td>
<td>108,165,882.</td>
<td>13.72%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>37,152.</td>
<td>37,152.</td>
<td></td>
<td>0.0%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td>60,000.</td>
<td>60,000.</td>
<td></td>
<td>0.01%</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>97,152.</td>
<td>97,152.</td>
<td></td>
<td>0.01%</td>
<td></td>
</tr>
</tbody>
</table>

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

#### Section A. Bad Debt Expense

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

- Yes [ ]
- No [X]

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

- 2 [12,097,274.]

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.

- 3 [0.]

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

Enter total revenue received from Medicare (including DSH and IME).

- 5 [202,989,280.]

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

- 6 [214,172,221.]

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

- 7 [-11,182,941.]

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

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

#### Section C. Collection Practices

- 9a [X]

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.

- 9b [X]

### 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>2 SAINT FRANCIS GI HEALTH CARE SERVICES – ENDOSCOPY, LLC.</td>
<td>ENDOSCOPY</td>
<td>49.00%</td>
<td>51.00%</td>
<td></td>
</tr>
</tbody>
</table>
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>#</th>
<th>Facility Name</th>
<th>Address</th>
<th>Website Address</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</td>
<td>114 WOODLAND STREET, MS-510358</td>
<td><a href="http://WWW.STFRANCISCARE.ORG/HARTFORD">WWW.STFRANCISCARE.ORG/HARTFORD</a></td>
<td>LICENSE #54</td>
</tr>
</tbody>
</table>
Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

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

Community Health Needs Assessment

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 No 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 Yes No 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. If "Yes," indicate what the CHNA report describes (check all that apply):
   a. A definition of the community served by the hospital facility
   b. Demographics of the community
   c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   d. How data was obtained
   e. The significant health needs of the community
   f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   g. The process for identifying and prioritizing community health needs and services to meet the community health needs
   h. The process for consulting with persons representing the community's interests
   i. The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
   j. Other (describe in Section C)

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

5. In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted. Yes No 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 Yes No 6a X

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 No 6b X

7. Did the hospital facility make its CHNA report widely available to the public? Yes No 7 X

   a. Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
   b. Other website (list url): SEE SCHEDULE H, PART V, SECTION C
   c. Made a paper copy available for public inspection without charge at the hospital facility
   d. 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. Yes No 8 X

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

10. Is the hospital facility's most recently adopted implementation strategy posted on a website? Yes No 10 X

   a. If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
   b. If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?

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 12a X

   b. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
   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? $
<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</th>
</tr>
</thead>
</table>

### Financial Assistance Policy (FAP)

<table>
<thead>
<tr>
<th>Financial Assistance Policy (FAP)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of</td>
<td>200%</td>
</tr>
<tr>
<td>and FPG family income limit for eligibility for discounted care of</td>
<td>400%</td>
</tr>
<tr>
<td>b</td>
<td>Income level other than FPG (describe in Section C)</td>
</tr>
<tr>
<td>c</td>
<td>Asset level</td>
</tr>
<tr>
<td>d</td>
<td>Medical indigency</td>
</tr>
<tr>
<td>e</td>
<td>Insurance status</td>
</tr>
<tr>
<td>f</td>
<td>Underinsurance status</td>
</tr>
<tr>
<td>g</td>
<td>Residency</td>
</tr>
<tr>
<td>h</td>
<td>Other (describe in Section C)</td>
</tr>
</tbody>
</table>

#### Explained the basis for calculating amounts charged to patients?

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):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Described the information the hospital facility may require an individual to provide as part of his or her application</td>
</tr>
<tr>
<td>b</td>
<td>Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</td>
</tr>
<tr>
<td>c</td>
<td>Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</td>
</tr>
<tr>
<td>d</td>
<td>Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</td>
</tr>
<tr>
<td>e</td>
<td>Other (describe in Section C)</td>
</tr>
</tbody>
</table>

#### 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):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>The FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>b</td>
<td>The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>c</td>
<td>A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8</td>
</tr>
<tr>
<td>d</td>
<td>The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>e</td>
<td>The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>f</td>
<td>A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</td>
</tr>
<tr>
<td>g</td>
<td>Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</td>
</tr>
<tr>
<td>h</td>
<td>Notified members of the community who are most likely to require financial assistance about availability of the FAP</td>
</tr>
<tr>
<td>i</td>
<td>The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
</tr>
</tbody>
</table>
### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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?**

**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:**

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [X] 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
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)
- [X] None of these actions or other similar actions were permitted

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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:**

- [ ] Reporting to credit agency(ies)
- [ ] Selling an individual’s debt to another party
- [ ] 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
- [ ] Actions that require a legal or judicial process
- [ ] Other similar actions (describe in Section C)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**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):**

- [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
- [X] Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- [X] Processed incomplete and complete FAP applications
- [ ] Made presumptive eligibility determinations
- [ ] Other (describe in Section C)
- [ ] None of these efforts were made

### Policy Relating to Emergency Medical Care

**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:**

- [ ] The hospital facility did not provide care for any emergency medical conditions
- [ ] The hospital facility’s policy was not in writing
- [ ] The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- [ ] Other (describe in Section C)
### 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>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</th>
</tr>
</thead>
</table>

#### Part V Facility Information

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

- **a** [X] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- **b** [ ] The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- **c** [ ] The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- **d** [ ] The hospital facility used a prospective Medicare or Medicaid method

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

| 23 | X |

If "Yes," explain in Section C.

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

| 24 | X |

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 5: THE SAINT FRANCIS HOSPITAL AND MEDICAL CENTER (SAINT FRANCIS HOSPITAL) CHNA IS BASED ON AN ITERATIVE COMMUNITY ENGAGEMENT AND DATA COLLECTION STRATEGY THAT BEGAN IN JULY OF 2015 AND CONTINUED FOR THE NEXT ELEVEN MONTHS. THE CHNA RESEARCH TEAM FOR THE THREE TRINITY HEALTH HOSPITALS IN NORTHERN CONNECTICUT (JOHNSON MEMORIAL HOSPITAL, MOUNT SINAI REHABILITATION HOSPITAL (MOUNT SINAI HOSPITAL) AND SAINT FRANCIS HOSPITAL) INCLUDED REPRESENTATIVES FROM UNIVERSITY OF CONNECTICUT, CONNECTICUT CHILDREN'S MEDICAL CENTER, JOHNSON MEMORIAL HOSPITAL, SAINT FRANCIS HOSPITAL, MOUNT SINAI HOSPITAL, THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY, COMMUNITY SOLUTIONS, THE HARTFORD FOUNDATION FOR PUBLIC GIVING, CITY OF HARTFORD HEALTH AND HUMAN SERVICES AND DATAHAVEN. THIS GROUP OF LOCAL AGENCIES PROVIDES SERVICES TO HARTFORD RESIDENTS WITH A TARGETED FOCUS ON LOW INCOME, MEDICALLY VULNERABLE, AND THE ELDERLY POPULATION.

THE CHNA PROCESS INCLUDED MULTIPLE TECHNIQUES TO ENGAGE COMMUNITY MEMBER INPUT, INCLUDING A COMPREHENSIVE RANDOMIZED TELEPHONE SURVEY, A WRITTEN PARTICIPANT SURVEY, INTERVIEWS AND INFORMAL DISCUSSIONS WITH "KEY INFORMANTS"-COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES. PRIOR TO PUBLICATION, A COMMUNITY MEETING TO PRIORITIZE FINDINGS FROM THE DATA WAS HELD WITH COMMUNITY MEMBERS, FAITH LEADERS, GOVERNMENT REPRESENTATIVES, HEALTHCARE LEADERS, LOCAL COMMUNITY AGENCY STAFF AND COMMUNITY DEVELOPMENT REPRESENTATIVES.
### SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

**PART V, SECTION B, LINE 6A:** SAINT FRANCIS HOSPITAL COLLABORATED WITH THE FOLLOWING HOSPITAL FACILITIES IN CONDUCTING ITS MOST RECENT CHNA:
- CONNECTICUT CHILDREN’S MEDICAL CENTER,
- JOHNSON MEMORIAL HOSPITAL,
- AND MOUNT SINAI HOSPITAL.

---

**PART V, SECTION B, LINE 6B:** SAINT FRANCIS HOSPITAL ALSO COLLABORATED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA:
- CITY OF HARTFORD/DEPARTMENT OF HEALTH AND HUMAN SERVICES,
- COMMUNITY SOLUTIONS,
- DATAHAVEN,
- HARTFORD FOUNDATION FOR PUBLIC GIVING,
- AND THE UNIVERSITY OF CONNECTICUT MEDICAL SCHOOL.

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**PART V, SECTION B, LINE 11:** THE NEEDS IDENTIFIED IN THE 2016 CHNA ARE THE FOUNDATION FOR THE WELL BEING 360 TRANSFORMING COMMUNITIES INITIATIVE, WHICH BEGAN IN FEBRUARY 2016. THIS PROJECT INCLUDES A REALLOCATION OF COMMUNITY BENEFIT DOLLARS TO ADDRESS THE CHNA PRIORITIES BY INVESTING IN COMMUNITY RESOURCES ALREADY IN PLACE THAT HAVE SHOWN POSITIVE OUTCOMES. EVIDENCE BASED PROGRAMS, POLICY AND ADVOCACY, SYSTEM CHANGE APPROACHES AND COLLABORATIVE DEVELOPMENT ARE ALL STRATEGIES EMPLOYED BY THE WELL BEING 360 INITIATIVE TO MOVE THE NEEDLE ON HEALTH. FOCUS FOR THE FIRST YEAR OF THE PROJECT HAS BEEN THE DEVELOPMENT OF A HEALTH FOCUSED COLLABORATIVE, WHICH HAS BROUGHT TO THE TABLE NUMEROUS PARTNERS WITH SIMILAR GOALS. A NUMBER OF NATIONAL PROGRAMS AND PROJECTS HAVE ALSO PARTNERED WITH WELL...
BEING 360 TO SUPPORT CHANGES THAT RESULT IN IMPROVED WELL-BEING FOR THE RESIDENTS OF HARTFORD.

PARTNERSHIPS AND INVESTMENTS IN LOCAL AGENCIES HAVE ENABLED THE HOSPITAL TO IMPACT THE NEEDS IDENTIFIED IN THE CHNA:

1) NEIGHBORHOOD SAFETY AND VIOLENCE PREVENTION WERE THE HIGHEST PRIORITIES OF THE COMMUNITY DURING THE CHNA COMMUNITY DISCUSSION. INVESTMENTS FROM WELL BEING 360 HAVE BEEN MADE WITH LOCAL ORGANIZATIONS THAT CAN HAVE AN IMPACT ON THIS ISSUE, INCLUDING:

A. GREATER HARTFORD HARM REDUCTION COALITION – AN OPIOID HARM REDUCTION AGENCY
B. HARTFORD COMMUNITIES THAT CARE – A VIOLENCE PREVENTION AND RETALIATION REDUCTION PROGRAM
C. NORTH HARTFORD TRIPLE AIM COLLABORATIVE – A HEALTH COLLABORATIVE BEING DEVELOPED TO ADDRESS DISPARITIES IN THE NORTH END OF HARTFORD INCLUDING IMPROVEMENT OF NEIGHBORHOOD SAFETY

2) HEALTHY LIFESTYLE – ACCESS TO HEALTHY FOODS WAS ANOTHER PRIORITY IDENTIFIED IN THE CHNA. THE WELL BEING 360 INVESTMENTS FOCUS RESOURCES IN THIS AREA BY PARTNERING WITH THE FOLLOWING AGENCIES:

A. COOKING MATTERS – A PROGRAM TO HELP FAMILIES LEARN HEALTHY LOW BUDGET COOKING SKILLS
B. LIVE WELL DIABETES – A WORKSHOP SERIES THAT SUPPORTS THOSE SUFFERING FROM DIABETES AND PRE-DIABETES
C. DIABETES PREVENTION PROGRAM – A COLLABORATION WITH THE YMCA TO PROVIDE THIS EVIDENCE BASED PROGRAM FOR FREE TO PATIENTS REFERRED FROM THE MEDICAL CLINIC
Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

D. KNOX FOUNDATION – SUPPORT FOR NUTRITION EDUCATION IN AFTERSCHOOL PROGRAMS AT THE BOYS AND GIRLS CLUB AND SUPPORT FOR AN URBAN FARMING PROGRAM

E. HARTFORD FOOD SYSTEM – SUPPORT FOR FARMERS' MARKETS AND INCENTIVE PROGRAMS TO INCREASE PRODUCE CONSUMPTION

3) HEALTHY LIFESTYLE – TOBACCO USE

A. SUPPORT FOR CHANGES IN POLICY AT THE STATE LEVEL TO CHANGE SMOKING LAWS SO THAT YOU NEED TO BE 21 YEARS OLD TO PURCHASE TOBACCO (TOBACCO 21) ARE ALSO A PART OF THE WELL BEING 360 WORK. PARTNERING WITH THE GOVERNMENT AND RELATIONS DEPARTMENT AT THE REGIONAL HEALTH MINISTRY HAS ENABLED OUR SYSTEM TO APPROACH THIS WORK AT A SYSTEMS LEVEL

B. STAFF FROM THE REGIONAL OFFICE HAS JOINED THE MATCH (MOBILIZING AGAINST TOBACCO FOR CONNECTICUT'S HEALTH) COALITION TO SUPPORT CHANGES THAT SUPPORT NON-SMOKING BEHAVIOR

4) INTEGRATION OF COMMUNITY AND CLINICAL CARE – THIS ISSUE WAS ADDRESSED BY THE COMMUNITY AS A NEED TO HAVE BETTER ACCESS TO HEALTHCARE SERVICES, SPECIFICALLY BEHAVIORAL HEALTH SERVICES AND SUPPORT FOR SOCIAL NEEDS. THESE ISSUES ARE BEING ADDRESSED WITH SYSTEM CHANGES WITHIN THE HOSPITAL AND BY SUPPORTING AGENCIES THAT CAN FACILITATE ROBUST REFERRALS. OUR PARTNER AGENCIES IN THIS AREA INCLUDE:

A. CHRYSALIS CENTER – WHO PROVIDE SOCIAL SUPPORT WRAP AROUND SERVICES FOR HIGH NEED BEHAVIORAL HEALTH CLIENTS

B. COMMUNITY CARE TEAM – A COLLABORATION WITH LOCAL HOSPITALS TO COORDINATE SUPPORT FOR PATIENTS THAT FREQUENTLY USE THE EMERGENCY DEPARTMENT
## Section C. Supplemental Information for Part V, Section B.

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

<table>
<thead>
<tr>
<th>Facility Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</strong> 06-0646813</td>
</tr>
</tbody>
</table>

C. CATHOLIC CHARITIES – A SOCIAL SERVICE AGENCY THAT IS PARTNERING WITH OUR PRIMARY CARE CLINIC TO PROVIDE NAVIGATION SUPPORT FOR PATIENTS WHO NEED TO CONNECT TO COMMUNITY RESOURCES

SAINT FRANCIS HOSPITAL IS 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 PORTFOLIO ARE DESIGNED TO LEVERAGE THE SKILLS AND EXPERTISE OF THE HOSPITAL AND ITS STAFF. NOT ALL NEEDS IDENTIFIED IN THE CHNA ARE BEING ADDRESSED, FOR EXAMPLE POVERTY AND LACK OF EMPLOYMENT OPPORTUNITIES ARE ISSUES THE HOSPITAL IS NOT EQUIPPED TO DIRECTLY ADDRESS. ALTHOUGH PARTNERSHIPS WITH LOCAL AGENCIES HAVE TAKEN PLACE, THESE NEEDS WERE NOT INITIALLY ADDRESSED DUE TO THE LACK OF EXPERTISE AND RESOURCES IN THIS AREA. HOWEVER, OVER THE PAST 2 YEARS THE HOSPITAL HAS INVESTED RESOURCES IN LEADERSHIP STAFF TO BETTER UNDERSTAND HOW TO HAVE AN IMPACT IN THIS AREA. SPECIFICALLY, THE ANCHOR INSTITUTION APPROACH HAS BEEN EMBRACED AND IS TAKING SHAPE AS THE HOSPITAL BEGINS TO PARTNER WITH COMMUNITY DEVELOPMENT FINANCE INSTITUTIONS AND OTHERS WHO ARE FOCUSED ON COMMUNITY DEVELOPMENT AS A SOLUTION TO POVERTY AND EMPLOYMENT ISSUES. THIS WORK IS JUST GETTING UNDERWAY AND A NUMBER OF OPPORTUNITIES ARE NOW COMING TOGETHER THAT COULD ALLOW FOR THE HOSPITAL TO LEVERAGE RESOURCES AND HAVE A SIGNIFICANT IMPACT ON THESE NEEDS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

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

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.

Saint Francis Hospital and Medical Center

Part V, Line 16A, FAP Website:

www.stfranciscare.org/billing-financial-assistance

Saint Francis Hospital and Medical Center

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

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

WWW.STFRANCISCARE.ORG/BILLING-FINANCIAL-ASSISTANCE

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 7A:

WWW.STFRANCISCARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-3068

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 7B:

WWW.TRINITYHEALTHOFNE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 9:

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - PART V, SECTION B, LINE 10A:

WWW.STFRANCISCARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-3068
**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? 24

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> SIMSBURY OFFICES &amp; URGENT CARE</td>
<td>MEDICAL OFFICES AND COMMUNITY SPACE</td>
</tr>
<tr>
<td>1502 HOPMEADOW ST, 30 DORSET CROSSING SIMSBURY, CT 06070</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> ENFIELD ACCESS CENTER</td>
<td>MEDICAL OFFICES AND COMMUNITY SERVICES</td>
</tr>
<tr>
<td>7 ELM STREET ENFIELD, CT 06082</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> BLOOMFIELD MEDICAL OFFICE &amp; URGENT CA</td>
<td>WALK-IN CLINIC AND MEDICAL OFFICES / LABORATORY SERVICES</td>
</tr>
<tr>
<td>421 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> WINDSOR – SF GI ENDO SCOPY CENTER</td>
<td>ENDOSCOPY</td>
</tr>
<tr>
<td>360 BLOOMFIELD AVENUE WINDSOR, CT 06095</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> WEST HARTFORD MEDICAL OFFICES</td>
<td>MEDICAL OFFICES AND IT SERVICES</td>
</tr>
<tr>
<td>345 NORTH MAIN STREET WEST HARTFORD, CT 06109</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> ELLINGTON MEDICAL OFFICE</td>
<td>MEDICAL OFFICES AND COMMUNITY SPACE / LABORATORY SERVICES</td>
</tr>
<tr>
<td>137 WEST ROAD ELLINGTON, CT 06029</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> MANCHESTER MEDICAL OFFICES</td>
<td>MEDICAL OFFICES AND COMMUNITY SPACE</td>
</tr>
<tr>
<td>515 WEST MIDDLE TPK MANCHESTER, CT 06048</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> AVON ACCESS CENTER</td>
<td>MEDICAL OFFICES AND EDUCATION SERVICES</td>
</tr>
<tr>
<td>35 NOD ROAD AVON, CT 06001</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> FARMINGTON MEDICAL OFFICES</td>
<td>MEDICAL OFFICE</td>
</tr>
<tr>
<td>11 SOUTH ROAD, SUITE 200 FARMINGTON, CT 06032</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> GLASTONBURY ACCESS CENTER</td>
<td>MEDICAL OFFICES AND COMMUNITY SERVICES</td>
</tr>
<tr>
<td>31 Sycamore Commons GLASTONBURY, CT 06033</td>
<td></td>
</tr>
</tbody>
</table>
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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<tbody>
<tr>
<td>11 WEST HARTFORD</td>
<td>MEDICAL OFFICES</td>
</tr>
<tr>
<td>20 ISHAM ROAD</td>
<td></td>
</tr>
<tr>
<td>WEST HARTFORD, CT 06109</td>
<td></td>
</tr>
<tr>
<td>12 HARTFORD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>500 BLUE HILLS AVE</td>
<td></td>
</tr>
<tr>
<td>HARTFORD, CT 06112</td>
<td></td>
</tr>
<tr>
<td>13 EAST HARTFORD ACCESS CENTER</td>
<td></td>
</tr>
<tr>
<td>893 MAIN STREET</td>
<td>MEDICAL OFFICES / LABORATORY SERVICES</td>
</tr>
<tr>
<td>EAST HARTFORD, CT 06108</td>
<td></td>
</tr>
<tr>
<td>14 WINDSOR MEDICAL OFFICE</td>
<td></td>
</tr>
<tr>
<td>1080 DAY HILL ROAD</td>
<td>MEDICAL OFFICE</td>
</tr>
<tr>
<td>WINDSOR, CT 06095</td>
<td></td>
</tr>
<tr>
<td>15 FARMINGTON</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>2 SPRING LANE</td>
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</tr>
<tr>
<td>FARMINGTON, CT 06032</td>
<td></td>
</tr>
<tr>
<td>16 HARTFORD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>1000 ASYLUM ST, STE 3209</td>
<td></td>
</tr>
<tr>
<td>HARTFORD, CT 06103</td>
<td></td>
</tr>
<tr>
<td>17 SOUTH WINDSOR MEDICAL OFFICE</td>
<td></td>
</tr>
<tr>
<td>1340 SULLIVAN AVENUE</td>
<td></td>
</tr>
<tr>
<td>SOUTH WINDSOR, CT 06074</td>
<td></td>
</tr>
<tr>
<td>18 BLOOMFIELD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>580 COTTAGE GROVE RD</td>
<td></td>
</tr>
<tr>
<td>BLOOMFIELD, CT 06002</td>
<td></td>
</tr>
<tr>
<td>19 WEST HARTFORD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>928 FARMINGTON AVE</td>
<td></td>
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<tr>
<td>WEST HARTFORD, CT 06107</td>
<td></td>
</tr>
<tr>
<td>20 ROCKY HILL</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>506 CROMWELL AVE</td>
<td></td>
</tr>
<tr>
<td>ROCKY HILL, CT 06067</td>
<td></td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>21 ROCKY HILL</td>
<td></td>
</tr>
<tr>
<td>2301 SILAS DEANE HWY</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>ROCKY HILL, CT 06067</td>
<td></td>
</tr>
<tr>
<td>22 AVON</td>
<td></td>
</tr>
<tr>
<td>44 DALE RD</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>AVON, CT 06001</td>
<td></td>
</tr>
<tr>
<td>23 HARTFORD</td>
<td></td>
</tr>
<tr>
<td>19 WOODLAND ST</td>
<td>LABORATORY SERVICES</td>
</tr>
<tr>
<td>HARTFORD, CT 06105</td>
<td></td>
</tr>
<tr>
<td>24 ROCKY HILL MEDICAL OFFICES</td>
<td>MEDICAL OFFICE</td>
</tr>
<tr>
<td>2080 SILAS DEANE HIGHWAY</td>
<td></td>
</tr>
<tr>
<td>ROCKY HILL, CT 06067</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.

**PART I, LINE 6A:**

SAINT FRANCIS 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, SAINT FRANCIS HOSPITAL INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

**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
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.

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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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**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, $12,097,274, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

**PART II, COMMUNITY BUILDING ACTIVITIES:**

SAINT FRANCIS HOSPITAL IS THE BACKBONE ORGANIZATION FOR THE DEVELOPMENT OF THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE, WHICH IS FOCUSING ON THE NEEDIEST NEIGHBORHOODS IN THE NORTH PART OF HARTFORD. THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE (NHTAC) IS A PLACE-BASED, MULTI-SECTOR EFFORT TO INTEGRATE PROGRAM, POLICY, SYSTEM AND ENVIRONMENTAL STRATEGIES TO ACHIEVE
The "triple aim" of better health, wellbeing and value of investment in North Hartford, CT.

Focusing on a high-need, high-opportunity community, which includes a federally designated promise zone, the aim is to support resident needs, create visible results for success, while developing promising policy initiative, practices and partnerships that can be expanded to the city, state and region over time. The NHTAC coordinates collective action among residents, multiple organizations, government and funders to simultaneously improve systems, while testing and scaling on-the-ground interventions that address both the upstream and downstream drivers of health. The coalition will focus support that results in system changes, such that opportunities for healthy living are improved for the residents of Hartford.

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...
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.

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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.

---

**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 FRANCIS 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, SAINT FRANCIS HOSPITAL IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SAINT FRANCIS HOSPITAL IS REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.
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.

PART III, LINE 4:

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.

PART III, LINE 5:

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

PART III, LINE 8:

SAINT FRANCIS 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
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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**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.**

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**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.

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**PART VI, LINE 2:**

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.

MUCH NEEDED COMMUNITY OUTREACH AND ENGAGEMENT ACTIVITIES WITH A FOCUS ON ADDRESSING HEALTH DISPARITIES AND SUPPORTING COMMUNITY MEMBERS AS THEY ENGAGE WITH THE HEALTHCARE SYSTEM. EVENTS INCLUDING AN ANNUAL TOWN HALL; REGULAR COMMUNITY CONVERSATIONS; COLLABORATIVE PROGRAMS WITH THE FAITH COMMUNITY; PARTNERSHIPS WITH LOCAL NON-PROFIT AGENCIES; AND EVALUATION OF PROGRAM ACTIVITIES WHICH ALL PROVIDE FURTHER OPPORTUNITIES TO LEARN MORE ABOUT THE NEEDS OF THE COMMUNITY.

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE –

SAINT FRANCIS HOSPITAL IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION,
DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER
FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, SAINT FRANCIS HOSPITAL HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

SAINT FRANCIS HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS
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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ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL 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. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.

SAINT FRANCIS 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
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.

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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.

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.

SAINT FRANCIS HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT FRANCIS 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 – HARTFORD HAS A POPULATION OF 125,000, SOME 44% OF
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.

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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.

ITS CITIZENS ARE HISPANIC/LATINO AND 35% ARE BLACK/AFRICAN AMERICAN, WITH SUBGROUPS THAT INCLUDE REFUGEES AND IMMIGRANTS FROM AFRICA, EASTERN EUROPE, THE MIDDLE EAST, ASIA, SOUTH AMERICA, AND THE WEST INDIES. ABOUT 22% OF THE TOTAL POPULATION IN HARTFORD IS FOREIGN BORN, BRINGING A TREMENDOUS DIVERSITY TO THE CITY. LEVELS OF POVERTY IN HARTFORD ARE HIGHER THAN THE STATE AS A WHOLE; 35% VS. 10% RESPECTIVELY. ADDITIONALLY, THE NEIGHBORHOODS AROUND THE HOSPITAL HAVE BEEN DESIGNATED AS A FEDERAL PROMISE ZONE IN LARGE PART DUE TO THE HIGH RATES OF POVERTY, LACK OF SAFETY AND POOR HEALTH OUTCOMES.

THE CONNECTICUT TRINITY HEALTH OF NEW ENGLAND SERVICE AREA IS MADE UP OF A TOTAL OF 87 TOWNS WITH A TOTAL POPULATION OF ABOUT 1.5 MILLION AS OF 2017. THERE ARE A TOTAL OF 16 ACUTE CARE LOCATIONS THROUGHOUT THE COMMUNITY.

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.

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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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**AS MEDICALLY UNDERSERVED AREAS AND POPULATIONS:**

**SAINT FRANCIS HOSPITAL SERVICE AREA TOWNS:** CENTRAL BRISTOL, HARTFORD, NEW BRITAIN, MIDDLETOWN, MERIDEN

**JOHNSON MEMORIAL HOSPITAL SERVICE AREA TOWNS:** VERNON

**SAINT MARY'S HOSPITAL SERVICE AREA TOWNS:** CENTRAL WATERBURY

**MOUNT SINAI HOSPITAL** SERVES ALL OF THESE TOWNS.

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**PART VI, LINE 5:**

**OTHER INFORMATION** - FREE LECTURES AND SEMINARS ARE OFFERED BY CLINICAL STAFF IN RESPONSE TO COMMUNITY REQUESTS; HOSPITAL STAFF SERVE ON NUMEROUS LOCAL AND STATE LEVEL BOARDS AND COMMITTEES; COMMUNITY BENEFIT DOLLARS HAVE BEEN ALLOCATED TO SUPPORT THE TRANSFORMING COMMUNITIES INITIATIVE CALLED WELL BEING 360 AND PARTNERSHIPS WITH STATE AGENCIES AND LOCAL HEALTH CARE PROVIDERS, ALL SERVE TO SUPPORT OUR COMMITMENT TO IMPROVE COMMUNITY HEALTH.

**WELL BEING 360** IS PART OF A NATIONAL 5 YEAR TRINITY HEALTH EFFORT CALLED

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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.
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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.

THE "TRANSFORMING COMMUNITIES INITIATIVE" (TCI) TO ENCOURAGE POLICY, SYSTEM AND ENVIRONMENTAL CHANGE THAT PROMOTE HEALTHY BEHAVIORS IN THE COMMUNITIES SERVED BY TRINITY HEALTH HOSPITALS. THE TCI PROGRAM IS MANAGED OUT OF THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY AT SAINT FRANCIS HOSPITAL IN PARTNERSHIP WITH THE WELL BEING 360 STEERING COMMITTEE, WHICH IS A MULTI-SECTOR GROUP OF LEADERS INCLUDING THE CITY OF HARTFORD, TRINITY HEALTH OF NEW ENGLAND, WELLVILLE AND COMMUNITY SOLUTIONS LEADERSHIP. UNDER THE DIRECTION OF THE STEERING COMMITTEE, WELL BEING 360 IS INVESTING RESOURCES TO SUPPORT EVIDENCE-BASED AND INNOVATIVE SOLUTIONS TO REDUCE OBESITY, INCREASE ACCESS TO CARE AND ADDRESS THE PRIORITIES OUTLINED IN THE RECENTLY COMPLETED COMMUNITY HEALTH NEEDS ASSESSMENT. WELL BEING 360 IS ALSO INVESTING IN THE DEVELOPMENT TO SUPPORT THE PROGRAM ITSELF AND OTHER POPULATION HEALTH IMPROVEMENT WORK IN THE CATCHMENT AREA. STILL IN THE EARLY PHASE, THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE INCLUDES STEERING COMMITTEE ORGANIZATIONS PLUS OTHER CRITICAL PARTNERS INCLUDING NORTH END RESIDENTS, CONNECTICUT CHILDREN'S MEDICAL CENTER, THE UNITED WAY OF CENTRAL AND SOUTHEASTERN CONNECTICUT, THE UNIVERSITY OF CONNECTICUT, AND THE CONNECTICUT HEALTH FOUNDATION. THE COLLABORATIVE IS LED BY...
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.

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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.

COMMUNITY SOLUTIONS' GINA FEDERICO WHO ALSO SERVES AS THE ASSOCIATE DIRECTOR OF WELL BEING 360. MARY STUART IS THE HEALTH EQUITY PROGRAM OFFICER AND THE DIRECTOR OF THE WELL BEING 360 INITIATIVE.

TOBACCO 21 - ACTIVITIES INCLUDE JOINING THE STATE TOBACCO COALITION - MOBILIZE AGAINST TOBACCO FOR CONNECTICUT'S HEALTH (MATCH) AND SUBMITTING A TOBACCO 21 BILL FOR VOTE BY THE LEGISLATURE (WHICH MADE IT OUT OF COMMITTEE BUT UNFORTUNATELY DID NOT PASS).

SMOKE FREE CAMPUS - ACTIVITIES INCLUDE REVIEW OF CURRENT POLICY TO STRENGTHEN WORDING, UPDATING ELECTRONIC SIGNAGE THROUGHOUT THE HOSPITAL, AND PROMOTION THROUGH SOCIAL MEDIA.

BREASTFEEDING AND BABY FRIENDLY - ACTIVITIES INCLUDE COMPLETION OF BABY FRIENDLY ASSESSMENT AND SUBMISSION FOR REVIEW, AND COMMUNITY CONVERSATION ABOUT OUR HOSPITAL'S COMMITMENT TO CREATING ENVIRONMENTS AND POLICIES THAT SUPPORT BREASTFEEDING, PUBLIC EDUCATION OR CALL TO ACTION TO THE BROADER COMMUNITY.
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.

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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 VI, LINE 6:**

SAINT FRANCIS HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRE THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2017, GOALS INCLUDED 1) PARTICIPATING IN LOCAL COALITION AND ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, 2) ASSESSING CAPACITY TO IDENTIFY AND SUPPORT INDIVIDUALS THAT ARE HOUSING INSECURE AND ACKNOWLEDGING OTHER BARRIERS INDIVIDUALS HAVE ACCESSING HEALTH CARE AND 3) EXPANDING ACCESS AND DELIVERY OF DIABETES PREVENTION PROGRAMS.

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER.
HOSPITAL. THE AWARDED COMMUNITIES FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED NEEDS AND THAT WILL REDUCE CHILDHOOD OBESITY AND YOUTH TOBACCO USE. IN FISCAL YEAR 2017, TRINITY HEALTH INVESTED $2.7 MILLION IN TCI.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND DEVELOPING PROGRAMS AND POLICIES TO SPECIFICALLY SUPPORT VULNERABLE POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

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