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

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

1b If "Yes," was it a written policy?
   - [X] Yes

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:
   - [X] Applied uniformly to all hospital facilities
   - [ ] Applied uniformly to most hospital facilities
   - [ ] Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
   a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
      - [ ] 100%
      - [ ] 150%
      - [X] 200%
      - [ ] Other ___%

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

   c If the organization used FPG as a factor in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
   - [X] Yes

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   - [X] Yes

5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
   - [X] Yes

5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
   - [X] Yes

6a Did the organization prepare a community benefit report during the tax year?
   - [X] Yes

6b If "Yes," did the organization make it available to the public?
   - [X] Yes

7 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>1,234,863</td>
<td></td>
<td>1,234,863</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>75,590,633</td>
<td>50,194,394</td>
<td>25,396,239</td>
<td>9.93%</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>76,825,496</td>
<td>50,194,394</td>
<td>26,631,102</td>
<td>10.41%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>183,407</td>
<td>47,160</td>
<td>136,247</td>
<td>.05%</td>
<td></td>
</tr>
<tr>
<td>f Health professions education (from Worksheet 5)</td>
<td>6,072,921</td>
<td>1,259,394</td>
<td>4,813,527</td>
<td>1.88%</td>
<td></td>
</tr>
<tr>
<td>g Subsidized health services (from Worksheet 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>214,072</td>
<td>74,329</td>
<td>139,743</td>
<td>.05%</td>
<td></td>
</tr>
<tr>
<td>j Total, Other Benefits</td>
<td>6,470,400</td>
<td>1,380,883</td>
<td>5,089,517</td>
<td>1.98%</td>
<td></td>
</tr>
<tr>
<td>k Total, Add lines 7d and 7j</td>
<td>83,295,896</td>
<td>51,575,277</td>
<td>31,720,619</td>
<td>12.39%</td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**
- Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- Attach to Form 990.
- For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2016

---

**SAINT MARY'S HOSPITAL, INC.**

**Employer identification number** 06-0646844
**Part II Community Building Activities**

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

<table>
<thead>
<tr>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Physical improvements and housing</td>
<td></td>
<td>1,772.</td>
<td>1,772.</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td></td>
<td>15,639.</td>
<td>15,639.</td>
<td>0.01%</td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td>7,662.</td>
<td>7,662.</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Workforce development</td>
<td></td>
<td>221,502.</td>
<td>70,787.</td>
<td>150,715.</td>
<td>0.06%</td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td></td>
<td>246,575.</td>
<td>70,787.</td>
<td>175,788.</td>
<td>0.07%</td>
</tr>
</tbody>
</table>

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

**Section A. Bad Debt Expense**

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

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount ___________________________________________________________________________________________________________________________ 2 6,668,222.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit ___________________________________________________________________________________________________________________________ 3 0.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) ___________________________________________________________________________ 5 78,342,822.

6 Enter Medicare allowable costs of care relating to payments on line 5 ___________________________________________________________________________ 6 71,442,027.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) ___________________________________________________________________________ 7 6,900,795.

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

9a Did the organization have a written debt collection policy during the tax year? ___________ Yes ______ No

9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI ___________ Yes ______ No

**Part IV Management Companies and Joint Ventures**

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

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
</table>

**Schedule H (Form 990) 2016**

SAINT MARY'S HOSPITAL, INC. 334011 2016.06000 SAINT MARY'S HOSPITAL, INC. 334011
### Part V Facility Information

**Section A. Hospital Facilities**

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

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

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Website</th>
<th>License Number</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SAINT MARY'S HOSPITAL</td>
<td>56 FRANKLIN STREET WATERBURY, CT 06706</td>
<td><a href="http://WWW.STMH.ORG">WWW.STMH.ORG</a></td>
<td>LICENSE # 000055</td>
<td>X X X X</td>
</tr>
</tbody>
</table>
### 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)

<table>
<thead>
<tr>
<th>Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

#### 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? [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? [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)? [X]

   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 [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 [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 [X]

7. Did the hospital facility make its CHNA report widely available to the public? [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 [X]

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

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

   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)? [X]

   a. If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?
   b. If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
### Financial Assistance Policy (FAP)

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

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

   **Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?**

   If "Yes," indicate the eligibility criteria explained in the FAP:

   a. [X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200% and FPG family income limit for eligibility for discounted care of 400%

   b. [ ] Income level other than FPG (describe in Section C)

   c. [X] Asset level

   d. [X] Medical indigency

   e. [X] Insurance status

   f. [X] Underinsurance status

   g. [X] Residency

   h. [X] Other (describe in Section C)

14 **Explained the basis for calculating amounts charged to patients?**

15 **Explained the method for applying for financial assistance?**

   If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):

   a. [X] Described the information the hospital facility may require an individual to provide as part of his or her application

   b. [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

   c. [X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

   d. [ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

   e. [ ] Other (describe in Section C)

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

   If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

   a. [X] The FAP was widely available on a website (list url): \_*SEE PART V, SECTION C_*

   b. [X] The FAP application form was widely available on a website (list url): \_*SEE PART V, SECTION C_*

   c. [X] A plain language summary of the FAP was widely available on a website (list url): \_*SEE PART V, SECTION C_*

   d. [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

   e. [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

   f. [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

   g. [X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention

   h. [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP

   i. [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

   j. [ ] Other (describe in Section C)
### Billing and Collections

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

<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  
- 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)  
- None of these actions or other similar actions were permitted

**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)

**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):**

- 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  
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process  
- 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)

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

**SAINT MARY'S HOSPITAL**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; explain in Section C.</td>
<td></td>
</tr>
</tbody>
</table>
SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 5: THE SAINT MARY'S HOSPITAL CHNA IS BASED ON AN ITERATIVE COMMUNITY ENGAGEMENT AND DATA COLLECTION STRATEGY IN COLLABORATION WITH THE MEMBERS OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) AND WAS CONDUCTED FROM JULY 2015 THROUGH JUNE 2016. THIS GROUP OF LOCAL AGENCIES PROVIDES SERVICES TO GREATER WATERBURY AREA RESIDENTS WITH A TARGETED FOCUS ON LOW INCOME, MEDICALLY VULNERABLE, AND THE ELDERLY POPULATION.

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.

COMPLETED. IN ORDER TO OBTAIN QUANTITATIVE DATA, SAINT MARY'S HOSPITAL AND THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP PARTNERED WITH DATAHAVEN, A NONPROFIT PUBLIC SERVICE ORGANIZATION SPECIALIZING IN DATA COLLECTION AND INTERPRETATION. IN THE 2015 DATAHAVEN COMMUNITY HEALTH AND WELL-BEING SURVEY, DATAHAVEN DESIGNED AND CONDUCTED A RANDOM DIGIT DIALING TELEPHONE SURVEY THAT COLLECTED INFORMATION FROM A SAMPLING OF 16,820 RESIDENTS OF ALL 169 CONNECTICUT TOWNS AND SEVERAL ZIP CODES IN NEW YORK. THE TELEPHONE SURVEY QUESTIONS DERIVED FROM MANY STANDARD SURVEYS INCLUDING THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL (CDC). THE QUESTIONS YIELDED DATA ON RESIDENTS' PERCEPTIONS OF THEIR WELL-BEING, QUALITY OF LIFE, NEIGHBORHOOD, EMPLOYMENT AND PUBLIC HEALTH. IN ADDITION TO THE DATAHAVEN SURVEY, SECONDARY DATA WERE ALSO ANALYZED AS PART OF THE CHNA.

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 STAY WELL HEALTH CENTER (A SEPARATE FQHC).

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 6B: SAINT MARY'S HOSPITAL ALSO COLLABORATED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS WHILE CONDUCTING ITS MOST RECENT CHNA: CITY OF WATERBURY DEPARTMENT OF HEALTH AND HUMAN SERVICES, DATAHAVEN, UNITED WAY OF GREATER WATERBURY, AND THE CONNECTICUT COMMUNITY FOUNDATION.
SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 11: THE SPECIFIC NEEDS THAT SAINT MARY'S HOSPITAL IDENTIFIED THROUGH OUR CHNA ARE AS FOLLOWS:

ACCESS TO CARE, MENTAL HEALTH, CHRONIC DISEASE, TOBACCO USE AND ASTHMA, AND HEALTH COMMUNICATIONS.

IN FY17, TO ADDRESS ACCESS TO CARE, SAINT MARY'S HOSPITAL WAS ABLE TO COMPLETE AUTISM FRIENDLY SPACES AND TRAINING IN THE EMERGENCY DEPARTMENT FOR MEDICAL STAFF AND NURSES TO BE EDUCATED ON CARE FOR PATIENTS. WE HAVE ALSO ADVANCED OUR EFFORTS IN DEVELOPMENT OF THE COMMUNITY CARE TEAM MODEL. FOR MENTAL HEALTH, WE COMPLETED CONSTRUCTION ON OUR BEHAVIORAL HEALTH UNIT IN THE EMERGENCY DEPARTMENT, AND ARE LOOKING AT OPPORTUNITIES IN FY18 TO ISOLATE THE EMERGENCY DEPARTMENT BEHAVIORAL UNIT COMPLETELY. FOR CHRONIC DISEASE, WE ARE INVOLVED IN OUR YMCA'S DIABETES PREVENTION PROGRAM (DPP), AND HAVE CREATED A REFERRAL PROCESS TO HELP INCREASE PARTICIPANTS. THE START DATE FOR WATERBURY YMCA DPP IS FALL 2018. FOR TOBACCO AND ASTHMA, WE HAVE INCREASED EDUCATION AND SIGNAGE FOR GREATER WATERBURY REGION ASTHMA COALITION AND CONTINUE TO PARTICIPATE IN SMOKE FREE MOVIE SCREENS AS A PART OF TRINITY HEALTH OF NEW ENGLAND. FOR HEALTH COMMUNICATIONS, WE ARE IN THE LAST STAGES OF CREATION OF THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP WEBSITE.

SAINT MARY'S HOSPITAL IS COMMITTED TO PROVIDING CRITICAL REHABILITATION SERVICES TO THE COMMUNITY. IN ORDER TO BE GOOD STEWARDS OF THE RESOURCES AVAILABLE FOR THIS WORK, THE COMMUNITY BENEFIT ACTIVITIES INCLUDED IN THE
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.

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 ADDRESS. HOWEVER, SAINT MARY'S HOSPITAL HAS PARTNERED WITH LOCAL AGENCIES TO DEVELOP A COMMUNITY CARE TEAM DESIGNED TO ADDRESS COMPLEX BEHAVIORAL HEALTH ISSUES WHICH OFTEN LIMIT INCOME AND EMPLOYMENT OPPORTUNITIES. THE HOSPITAL ALSO COLLABORATES WITH SAINT FRANCIS HOSPITAL AND MEDICAL CENTER (SAINT FRANCIS HOSPITAL), OUR REGIONAL MINISTRY PARTNER. SAINT FRANCIS HOSPITAL HAS BEGUN TO EXPAND THEIR ROLE IN THE COMMUNITY AS AN ANCHOR INSTITUTION, AN APPROACH THAT FOCUSES ON THE SOCIAL ISSUES, SUCH AS POVERTY AND LACK OF EMPLOYMENT, THAT IMPACT HEALTH OUTCOMES. AS THIS EXPANSION AND RE-ALLOCATION OF RESOURCES BY OUR TRINITY HEALTH OF NEW ENGLAND REGIONAL SYSTEM TAKES PLACE, SAINT MARY'S HOSPITAL WILL CONTINUE TO ASSESS THE ROLE THE HOSPITAL CAN PLAY TO SUPPORT THIS APPROACH.

SAINT MARY'S HOSPITAL:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON 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 MARY'S HOSPITAL - PART V, SECTION B, LINE 7A:
WWW.STMH.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2876

SAINT MARY'S HOSPITAL - PART V, SECTION B, LINE 7B:
WWW.TRINITYHEALTHOFNE.ORG/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.
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.

**www.stmh.org/community-health-needs-assessment-2876**

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

**www.stmh.org/patient-assistance**

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

**www.stmh.org/patient-assistance**

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

**www.stmh.org/patient-assistance**
### 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? 11

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> SAINT MARY'S MEDICAL IMAGING CENTER</td>
<td>MRI SERVICES</td>
</tr>
<tr>
<td>475 CHASE PARKWAY</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06708</td>
<td></td>
</tr>
<tr>
<td><strong>2</strong> SLEEP DISORDER CENTER</td>
<td>SLEEP CARE</td>
</tr>
<tr>
<td>1312 WEST MAIN STREET</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06708</td>
<td></td>
</tr>
<tr>
<td><strong>3</strong> OCCUPATION HEALTH &amp; DIAG. CENTER</td>
<td>OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, PHYSICAL THERAPY</td>
</tr>
<tr>
<td>146 HIGHLAND AVENUE</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06708</td>
<td></td>
</tr>
<tr>
<td><strong>4</strong> BEHAVIORAL HEALTHCARE SERVICES</td>
<td>BEHAVIORAL HEALTH</td>
</tr>
<tr>
<td>100 VISITATION PLAZA</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06708</td>
<td></td>
</tr>
<tr>
<td><strong>5</strong> CARDIOVASCULAR DIAGNOSTIC CENTER</td>
<td>CARDIOVASCULAR CARE</td>
</tr>
<tr>
<td>1320 WEST MAIN ST</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06708</td>
<td></td>
</tr>
<tr>
<td><strong>6</strong> ST. MARY'S HOSP. OUTPATIENT CENTER</td>
<td>LAB, RADIOLOGY, PHYSICAL &amp; OCCUPATIONAL THERAPY</td>
</tr>
<tr>
<td>1981 EAST MAIN ST</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06705</td>
<td></td>
</tr>
<tr>
<td><strong>7</strong> BLOOD DRAW</td>
<td>LAB</td>
</tr>
<tr>
<td>133 SCOILL ST</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06708</td>
<td></td>
</tr>
<tr>
<td><strong>8</strong> BLOOD DRAW</td>
<td>LAB</td>
</tr>
<tr>
<td>303 UNION SQUARE</td>
<td></td>
</tr>
<tr>
<td>SOUTHBURY, CT 06488</td>
<td></td>
</tr>
<tr>
<td><strong>9</strong> BLOOD DRAW</td>
<td>LAB</td>
</tr>
<tr>
<td>17 HEMINGWAY PARK RD</td>
<td></td>
</tr>
<tr>
<td>WATERTOWN, CT 06795</td>
<td></td>
</tr>
<tr>
<td><strong>10</strong> NUTRITION CENTER</td>
<td>NUTRITION</td>
</tr>
<tr>
<td>133 SCOVILL ST</td>
<td></td>
</tr>
<tr>
<td>WATERBURY, CT 06706</td>
<td></td>
</tr>
</tbody>
</table>
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(list in order of size, from largest to smallest)

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<tbody>
<tr>
<td>SMH PHYSICAL THERAPY &amp; LOW VISION CTR</td>
<td>PHYSICAL THERAPY &amp; VISION</td>
</tr>
<tr>
<td>799 NEW HAVEN ROAD</td>
<td></td>
</tr>
<tr>
<td>NAUGATUCK, CT 06770</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.

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.

IN ADDITION, SAINT MARY'S 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, $6,668,222, 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 MARY'S HOSPITAL COMMUNITY BUILDING ACTIVITIES INCLUDE: EMERGENCY PREPAREDNESS, BOARD SUPPORT FOR ORGANIZATIONS THAT ADDRESS SPECIFIC SOCIAL PROBLEMS SUCH AS POVERTY, HOMELESSNESS, ENVIRONMENTAL ISSUES, WORKFORCE DEVELOPMENT, PARTICIPATION IN UNITED WAY OF GREATER WATERBURY DAY OF CARING, AND PUBLIC COMMUNITY LANDSCAPING PROJECTS. THESE ACTIVITIES
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.

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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State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROMOTE HEALTH IN MANY WAYS. THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE GO ABOVE AND BEYOND WHAT IS REQUIRED OF THEM, WHICH HELPS TO PREPARE OUR STAFF AND COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC.) IN THE EVENT THAT A LOCAL DISASTER WOULD OCCUR. A VARIETY OF SAINT MARY'S HOSPITAL STAFF ADVOCATE FOR HEALTH CARE REFORM BOTH LOCALLY AND AT THE STATE LEVEL IN AN EFFORT TO IMPROVE ACCESS TO HEALTH CARE AND PUBLIC HEALTH. THE VARIOUS WORKFORCE DEVELOPMENT INITIATIVES ASSURE ACCESS TO HEALTH CARE SERVICES IN OUR COMMUNITY WHILE MAINTAINING HUMAN RESOURCES. BOTH THE UNITED WAY DAY OF CARING AND PUBLIC LANDSCAPE ENHANCEMENT CLEAN UP OUR COMMUNITIES TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR EVERYONE TO WORK, PLAY AND LIVE.

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.
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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TRANSACTIONS.

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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 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.

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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 ALLOWANCE FOR DOUBTFUL
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.


PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.
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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**PART III, LINE 8:**

SAINT MARY’S 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.

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

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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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**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:**

NEEDS ASSESSMENT - PARTICIPATION BY LEADERSHIP 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...
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.

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**STAFF TO ENGAGE IN AN ACTIVITY OUTSIDE OF THE CLINICAL CARE SETTING.**

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**PART VI, LINE 3:**

**PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE —**

SAINT MARY'S 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 MARY'S HOSPITAL HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR 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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- **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**

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SAINT MARY’S HOSPITAL COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES 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.
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.

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.

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.

Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

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.).

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.

State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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 MARY’S HOSPITAL OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS
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.

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 MARY'S HOSPITAL HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SAINT MARY'S 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:

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 (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.

THE COMBINED POPULATION FOR THESE COMMUNITIES IS ROUGHLY 321,000 RESIDENTS WHERE THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY, WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS $41,136, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY $70,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2015 WAS 10.7%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 6.6%. APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 24.2% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 10.5% IN CONNECTICUT.

PART VI, LINE 5:

OTHER INFORMATION - CLINICIANS IN SAINT MARY'S HOSPITAL OFFER FREE LECTURES AND SEMINARS IN RESPONSE TO COMMUNITY REQUESTS AND FACILITATE HEALTH PROMOTION IN 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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**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).**

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

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

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**PART VI, LINE 6:**

SAINT MARY’S HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST...
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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**CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNually requires 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**
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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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.

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.