SAINT FRANCIS
Hospital and Medical Center

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R. Christopher Hartley
Senior Vice President
Planning, Business Development &
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OCT - 6 2015
Office of
HEALTHCARE ACCESS

October 6, 2015

Kim Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Martone:

In accordance with Item 4 of the above referenced Agreed Settlement Order dated August 31, 2015, the closing relating to the Membership Transfer Agreement between Saint Francis *Care* Inc. and Trinity Health took place on October 1, 2015.

I have also included in the enclosed CD, the final Membership Transfer Agreement, including all updated schedules and exhibits as well as the amended and restated Certificate of Incorporation and Bylaws of Saint Francis *Care*, Inc. These documents should meet the requirements of item 15 of the above referenced Agreed Settlement.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-5573.

Thank you for your attention to this matter.

Sincerely,

Chris Hartley

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

Enclosures

EXECUTION COPY

MEMBERSHIP TRANSFER AGREEMENT

between

TRINITY HEALTH CORPORATION

and

SAINT FRANCIS CARE, INC.

Dated as of December 17, 2014

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MEMBERSHIP TRANSFER AGREEMENT

This Membership Transfer Agreement (this "**Agreement**"), dated as of _____, 2014 (the "**Signature Date**"), is entered into between Trinity Health Corporation, an Indiana nonprofit corporation ("**Trinity Health**"), and Saint Francis Care, Inc., a Connecticut non-stock corporation ("**Saint Francis**") on behalf of itself and its wholly owned or controlled subsidiaries. Trinity Health and Saint Francis are sometimes referred to herein individually as a "**Party**", and, collectively, as "**Parties**".

RECITALS

1. Saint Francis is an integrated healthcare delivery system and is the largest independent Catholic healthcare provider in New England.

2. Trinity Health is a multi-institutional Catholic healthcare system serving people and communities in 20 states, including Massachusetts.

3. Saint Francis and Trinity Health are each committed to the philosophy that healthcare services and programs should be offered in a quality setting with a commitment to the values of the Roman Catholic Church and that their facilities, services and programs, in the aggregate, should be operated on an efficient and financially sound basis so as to maintain their continued existence, viability and availability.

4. The Parties have determined that the combination of Saint Francis and Trinity Health will promote quality, cost effective health care services through a continuum of care to those served by Saint Francis, and will bring together organizations with shared vision, values, philosophy and mission and strengthen the Catholic healthcare tradition in New England.

5. In furtherance of their shared vision, values, mission and philosophy, Saint Francis and Trinity Health desire to enter into a transaction whereby Saint Francis will become part of Trinity Health and, together, they will establish a new Trinity Health Regional Health Ministry ("**RHM**") to service the New England region (the "**Service Area**"), initially in the State of Connecticut and in Hampden, Hampshire, Franklin and Berkshire Counties in Massachusetts.

6. To accomplish the affiliation, Trinity Health shall become the sole corporate member of Saint Francis, which will become the new Trinity Health RHM (the "**New RHM**") and will continue to serve as the parent of Saint Francis Hospital and Medical Center, Inc., Mount Sinai Rehabilitation Hospital, Inc., and other entities that are presently subsidiaries of Saint Francis. Thereafter, the Parties intend for the New RHM to be the primary organization for future expansion in and around the Service Area consistent with the terms and conditions of this Agreement.

7. Through the New RHM, the Parties intend to:

   a. improve the infrastructure and capabilities required to deliver value-based accountable care and improve population health in the Service Area;

b. enhance the quality of care provided by the Parties in the Service Area, as well as improve the overall patient experience including with respect to, without limitation, safety and satisfaction;

c. reduce the costs of healthcare in the Service Area;

d. expand services in the Service Area through both strategic and organic growth, including pursuant to an ambulatory care strategy; and

e. support physician alignment capabilities and initiatives that foster physician engagement while maintaining an open medical staff.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

ARTICLE I
DEFINITIONS

The following terms have the meanings specified or referred to in this **Article I**:

"**Affiliate**" of a Person means any other Person that directly or indirectly, through one or more intermediaries, controls, is controlled by, or is under common control with, such Person. The term "control" (including the terms "controlled by" and "under common control with") means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of a Person, whether through the ownership of voting securities, by contract or otherwise.

"**Agreement**" has the meaning set forth in the preamble.

"**Amended and Restated Certificate of Incorporation of Saint Francis**" has the meaning set forth in **Section 2.01**.

"**Amended and Restated Bylaws of Saint Francis**" has the meaning set forth in **Section 2.01**.

"**Applicable Exceptions**" means applicable bankruptcy, insolvency, reorganization, moratorium and similar Laws affecting creditors' rights generally, and subject, as to enforceability, to general principles of equity (regardless of whether enforcement is sought in a proceeding at law or in equity).

"**Balance Sheet**" has the meaning set forth in **Section 6.06**.

"**Balance Sheet Date**" has the meaning set forth in **Section 6.06**.

"**Capital Expenditures**" means, with respect to Saint Francis and the Saint Francis Controlled Subsidiaries, expenditures that are capitalized in accordance with GAAP, including, without limitation, the expenditures described in **Section 4.02**.

"**CERCLA**" means the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986, 42 U.S.C. §§ 9601 et seq.

"Certification of AFTAP" has the meaning set forth in **Section 6.22(c)**.

"**Church Plan**" has the meaning set forth in **Section 6.22(e).**

"**Closing**" has the meaning set forth in **Section 5.01**.

"**Closing Date**" has the meaning set forth in **Section 5.01**.

"**COBRA**" means the group health plan continuation coverage requirements of Part 6 of Subtitle B of Title I of ERISA and Section 4980B of the Code and of any similar state or local Law.

"**Code**" means the Internal Revenue Code of 1986, as amended.

"**Committed Capital**" has the meaning set forth in **Section 4.01**.

"**Confidentiality Agreement**" means confidentiality agreement entered into by the Parties on December 23, 2013, as amended on May 9, 2014 and further amended on July 29, 2014.

"**Confidential Information**" has the meaning set forth in **Section 8.11(a)**.

"**Contracts**" means all contracts, leases, deeds, mortgages, licenses, instruments, notes, commitments, undertakings, indentures, joint ventures and all other agreements, commitments and legally binding arrangements, whether written or oral.

"**CONs**" has the meaning set forth in **Section 8.04**.

"**Disclosing Party**" has the meaning set forth in **Section 8.11(a)**.

"**Disclosure Schedules**" means the Disclosure Schedules initially delivered by Saint Francis and Trinity Health concurrently with the execution and delivery of this Agreement and as updated through Closing Date.

"**Effective Date**" has the meaning set forth in **Section 5.01**.

"**Encumbrance**" means any lien, pledge, mortgage, deed of trust, security interest, charge, claim, easement, encroachment or other encumbrance.

"**Environmental Claim**" means any Governmental Order, action, suit, claim, investigation or other legal proceeding by any Person alleging liability of whatever kind or nature (including liability or responsibility for the costs of enforcement proceedings, investigations, cleanup, governmental response, removal or remediation, natural resources damages, property damages, personal injuries, medical monitoring, penalties, contribution, indemnification and injunctive relief) arising out of, based on or resulting from: (a) the presence,

Release of, or exposure to, any Hazardous Materials; or (b) any actual or alleged non-compliance with any Environmental Law or term or condition of any Environmental Permit.

"**Environmental Law**" means any applicable Law, and any Governmental Order or binding agreement with any Governmental Authority: (a) relating to pollution (or the cleanup thereof) or the protection of natural resources, endangered or threatened species, human health, or the environment (including ambient air, soil, surface water or groundwater, or subsurface strata); or (b) concerning the presence of, exposure to, or the management, manufacture, use, containment, storage, recycling, reclamation, reuse, treatment, generation, discharge, transportation, processing, production, disposal or remediation of any Hazardous Materials. The term "**Environmental Law**" includes, without limitation, the following (including their implementing regulations and any state analogs): CERCLA; the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended by the Hazardous and Solid Waste Amendments of 1984, 42 U.S.C. §§ 6901 et seq.; the Federal Water Pollution Control Act of 1972, as amended by the Clean Water Act of 1977, 33 U.S.C. §§ 1251 et seq.; the Toxic Substances Control Act of 1976, as amended, 15 U.S.C. §§ 2601 et seq.; the Emergency Planning and Community Right-to-Know Act of 1986, 42 U.S.C. §§ 11001 et seq.; and the Clean Air Act of 1966, as amended by the Clean Air Act Amendments of 1990, 42 U.S.C. §§ 7401 et seq.

"**Environmental Notice**" means any written directive, notice of violation or infraction, or notice respecting any Environmental Claim relating to actual or alleged non-compliance with any Environmental Law or any term or condition of any Environmental Permit.

"**Environmental Permit**" means any Permit required under or issued, granted, given, authorized by or made pursuant to Environmental Law.

"**ERISA**" means the Employee Retirement Income Security Act of 1974, as amended, and the regulations promulgated thereunder.

"ERISA Affiliate" has the meaning set forth in **Section 6.22(c)**.

"**Exempt Subsidiaries**" means those Saint Francis Controlled Subsidiaries that are exempt from federal income taxation pursuant to Section 501(a) of the Code, as organizations described in Section 501(c)(3) of the Code, which are identified as such on **Exhibit A**.

"**Financial Statements**" has the meaning set forth in **Section 6.06**.

"**Foundation**" has the meaning set forth in **Section 3.09(b)**.

"**GAAP**" means United States generally accepted accounting principles in effect from time to time.

"**Government Programs**" has the meaning set forth in **Section 6.16(a)**.

"**Governmental Authority**" means any federal, state, local or foreign government or political subdivision thereof, or any agency or instrumentality of such government or political subdivision, or any self-regulated organization or other non-governmental regulatory authority or

quasi-governmental authority (to the extent that the rules, regulations or orders of such organization or authority have the force of Law), or any arbitrator, court or tribunal of competent jurisdiction.

"**Governmental Order**" means any order, writ, judgment, injunction, decree, stipulation, determination or award entered by or with any Governmental Authority.

"**Hazardous Materials**" means: (a) any material, substance, chemical, waste, product, derivative, compound, mixture, solid, liquid, mineral or gas, in each case, whether naturally occurring or man-made, that is hazardous, acutely hazardous, toxic, or words of similar import or regulatory effect under Environmental Laws; and (b) any petroleum or petroleum-derived products, radon, radioactive materials or wastes, asbestos in any form, lead or lead-containing materials, urea formaldehyde foam insulation and polychlorinated biphenyls.

"**HIPAA**" means the Health Insurance Portability and Accountability Act of 1996 (Pub. Law 104-191), as amended from time to time.

"**HITECH**" means the Health Information Technology for Economic Clinical Health Act, Division A, Title XIII § 1301 et. seq. of the American Recovery and Reinvestment Act of 2009, as amended from time to time.

"**HSR Act**" means the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended from time to time.

"**Interested Person**" has the meaning set forth in **Section 6.20(a)**.

"**IRS**" means the Internal Revenue Service.

"**Knowledge**" or any other similar knowledge qualification with respect to Saint Francis, means (i) the actual knowledge of those persons listed in **Schedule 1A** of the Disclosure Schedules, which shall consist of their own recollections, information in their files, information in written or electronic communications to or from them and information attributable to them as a result of actions taken by them or (ii) information in the minutes of the boards of directors, executive committees, compliance committees or finance committees of Saint Francis or the Saint Francis Controlled Subsidiaries. Knowledge or any other similar knowledge qualification with respect to Trinity Health, means (i) the actual knowledge of those persons listed in **Schedule 1B** of the Disclosure Schedules, which shall consist of their own recollections, information in their files, information in written or electronic communications to or from them and information attributable to them as a result of actions taken by them or (ii) information in the minutes of the boards of directors, executive committee, compliance committee or finance committee of Trinity Health.

"**Law**" means any statute, law, ordinance, regulation, rule, code, order, constitution, treaty, common law, judgment, decree, other requirement or rule of law of any Governmental Authority.

"**Leased Real Property**" has the meaning set forth in **Section 6.12(b)**.

"**Material Adverse Effect**" means (a) as to Trinity Health, any event, occurrence, fact, condition or change that materially adversely impacts the ability of Trinity Health to perform its obligations under this Agreement or to consummate the transactions contemplated by this Agreement; and (b) as to Saint Francis, any event, occurrence, fact, condition or change that materially adversely impacts the business, results of operations, financial condition or assets of Saint Francis, taken as a whole; provided, however, that as to Saint Francis, "**Material Adverse Effect**" shall not include any event, occurrence, fact, condition or change, directly or indirectly, arising out of or attributable to: (i) general economic or political conditions in the United States or in the State of Connecticut; (ii) changes or conditions generally affecting the healthcare industry as a whole in the United States or in the State of Connecticut that are not unique to the operations of Saint Francis, (iii) any action required or permitted by this Agreement or any action taken (or omitted to be taken) with the written consent of or at the written request of Trinity Health; (iv) the acts or omissions of Trinity Health, (v) any changes in applicable Laws or accounting rules (including GAAP) or the Ethical and Religious Directives described in **Section 3.06** below, or the enforcement, implementation or interpretation thereof; (vi) the announcement, pendency or completion of the transaction contemplated by this Agreement or any effect resulting from the announcement or pendency of the transaction contemplated by this Agreement; (viii) any natural or man-made disaster, acts of God, or acts of terrorism, sabotage, military action or war (whether or not declared) or any escalation or worsening thereof; (ix) changes in the requirements, reimbursement rates, policies or procedures of third party payors, Governmental Authorities or accreditation commissions or organizations that are generally applicable to hospitals or healthcare facilities in the United States or the State of Connecticut; or (x) Saint Francis's failure to meet projections or revenue or earnings predictions for any period ending on or after the date hereof, provided, however, that this shall not prevent a determination that any change, event or effect underlying such a failure to meet projections or revenue or earnings predictions has resulted in a Material Adverse Effect (to the extent such a change, event or effect is not otherwise excluded from the definition of Material Adverse Effect).

"**Material Contracts**" has the meaning set forth in **Section 6.09(a)**.

"**Mercy Community Health**" has the meaning set forth in **Section 3.12**.

"**Mercy Medical Center**" means The Mercy Hospital, Inc., a Massachusetts nonprofit corporation.

"**Multiemployer Plan**" has the meaning set forth in **Section 6.22(d)**.

"**Multiple Employer Plan**" has the meaning set forth in **Section 6.22(d)**.

"**New RHM**" has the meaning set forth in the Recitals.

"**OHCA**" has the meaning set forth in **Section 8.04**.

"**Organizational Documents**" means (a) in the case of a Person that is a corporation, its articles or certificate of incorporation and its by-laws, regulations or similar governing instruments required by the laws of its jurisdiction of formation or organization; (b) in the case of a Person that is a partnership, its articles or certificate of partnership, formation or association, and its partnership agreement (in each case, limited, limited liability, general or otherwise); (c) in

the case of a Person that is a limited liability company, its articles or certificate of formation or organization, and its limited liability company agreement or operating agreement; and (d) in the case of a Person that is none of a corporation, partnership (limited, limited liability, general or otherwise), limited liability company or natural person, its governing instruments as required or contemplated by the laws of its jurisdiction of organization.

"**Owned Real Property**" has the meaning set forth in **Section 6.12(a)**.

"**PBGC**" has the meaning set forth in **Section 6.22(a)**.

"**Plan**" has the meaning set forth in **Section 6.22(k)**.

"**Permits**" means all permits, licenses, franchises, approvals, authorizations and consents required to be obtained from Governmental Authorities.

"**Permitted Encumbrances**" has the meaning set forth in **Section 6.10(b)**.

"**Person**" means an individual, corporation, partnership, joint venture, limited liability company, Governmental Authority, unincorporated organization, trust, association or other entity.

"**Prohibited Transaction**" is defined in Sections 406 and 408 of ERISA and Section 4975 of the Code.

"**Potential Investment Opportunity**" has the meaning set forth in **Section 4.05**.

"**Real Property**" means, collectively, the Owned Real Property and the Leased Real Property.

"**Recipient**" has the meaning set forth in **Section 8.11(a)**.

"**Regional Health Ministry**" or "**RHM**" has the meaning set forth in the Trinity Health Authority Matrix.

"**Release**" means any actual or threatened release, spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, abandonment, or disposing into the environment (including, without limitation, ambient air, surface water, groundwater, land surface or subsurface strata).

"**Representative**" means, with respect to any Person, any and all directors, officers, employees, consultants, financial advisors, counsel, accountants and other agents of such Person.

"**Review Period**" has the meaning set forth in **Section 8.08(b)**.

"**Saint Francis**" has the meaning set forth in the preamble.

"**Saint Francis Assets**" means all of the property and assets of Saint Francis and each Saint Francis Controlled Subsidiary of every kind, character or description, tangible or intangible, wherever located, and whether or not reflected on the Financial Statements.

"**Saint Francis Benefit Plan**" has the meaning set forth in **Section 6.22(a)**.

"**Saint Francis Controlled Subsidiary**" means any Person that is controlled by Saint Francis. The term "control" means the possession, directly or indirectly, of the power to direct or cause the direction of the management and policies of the Controlled Subsidiary, whether through the ownership of voting securities, by contract or otherwise. The Controlled Subsidiaries are identified on **Exhibit B**.

"**Saint Francis Employees**" has the meaning set forth in **Section 8.06(a)**.

"**Saint Francis Hospitals**" means Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital, Inc.

"**Saint Francis Leases**" has the meaning set forth in **Section 6.12(b)**.

"**Saint Francis Hospital and Medical Center**" means Saint Francis Hospital and Medical Center, Inc., a Connecticut non-stock corporation.

"**Saint Francis Providers**" means Saint Francis Hospital and Medical Center, Mount Sinai Rehabilitation Hospital, Inc., Saint Francis Medical Group, Inc., Saint Francis Emergency Medical Group, Inc., Asylum Hill Family Medical Center, Inc., Collaborative Laboratory Services, LLC, MedWorks, LLC, Saint Francis Behavioral Group, P.C., and Saint Francis Care Medical Group, P.C.

"**Service Area**" has the meaning set forth in the Recitals.

"**Signature Date**" has the meaning set forth in the preamble.

"**Sisters of Providence**" means the Sisters of Providence Health System, Inc., an entity organized under the Commonwealth of Massachusetts and that is a Trinity Health RHM as of the Signature Date.

"Sisters of Providence Providers" means any Sisters of Providence Subsidiary that participates in Medicare or Medicaid or both.

"Sisters of Providence Subsidiary" means (i) with respect to the period prior to the consummation of the merger or restructuring contemplated by **Section 2.02**, any Person that is controlled by Sisters of Providence; and (ii) with respect to the period following the consummation of the merger or restructuring contemplated by **Section 2.02**, any Person that is controlled by the business or operating division of the New RHM that was Sisters of Providence immediately prior to such merger or restructuring, in whatever form such business or operating division takes. The term "control" is defined in the definition of "**Saint Francis Controlled Subsidiary**", above.

"**Survey**" has the meaning set forth in **Section 8.08(b)**.

"**Taxes**" means all federal, state, local, foreign and other income, gross receipts, sales, use, production, ad valorem, transfer, franchise, registration, profits, license, lease, service,

service use, withholding, payroll, employment, unemployment, estimated, excise, severance, environmental, stamp, occupation, premium, property (real or personal), real property gains, windfall profits, customs, duties or other taxes, fees, assessments or charges of any kind whatsoever, together with any interest, additions or penalties with respect thereto and any interest in respect of such additions or penalties.

"**Tax Return**" means any return, declaration, report, claim for refund, information return or statement or other document required to be filed with respect to Taxes, including any schedule or attachment thereto, and including any amendment thereof.

"**Title Commitment**" has the meaning set forth in **Section 8.08(a)**.

"**Title Company**" has the meaning set forth in **Section 8.08(a)**.

"**Title Policy**" has the meaning set forth in **Section 8.08(a)**.

"**Transaction Documents**" means this Agreement and the other agreements, instruments and documents required to be delivered at the Closing.

"**Trinity Health**" has the meaning set forth in the preamble.

"Trinity Health Controlled Subsidiary" means any Person that is controlled by Trinity Health. The term "control" is defined in the definition of "**Saint Francis Controlled Subsidiary**", above.

"**Trinity Health System Authority Matrix**" means the description of governance and management responsibilities of Trinity Health and its subsidiaries, as such may be amended from time to time, the current copy of which is attached as **Exhibit C**, which describes the delegated authority from the Catholic Health Ministries and the Trinity Health Board of Directors to the governance and management of subsidiaries, including the New RHM.

"Withdrawal Liability" has the meaning set forth in **Section 6.22(d)**.

ARTICLE II
MEMBERSHIP TRANSFER

Section 2.01 Admission of Trinity Health as the Sole Member of Saint Francis; Restated Governance Documents of Saint Francis. As of the Effective Date, and subject to the terms and conditions set forth in this Agreement, Trinity Health shall be admitted as the sole corporate member of Saint Francis. In furtherance of the foregoing, at or prior to the Closing, and as a condition precedent to the closing of the transaction contemplated by this Agreement, (i) Saint Francis shall have duly approved the adoption of amended and restated articles of incorporation and bylaws of Saint Francis in the form set forth in **Exhibit D** (the "**Amended and Restated Certificate of Incorporation of Saint Francis**" and the "**Amended and Restated Bylaws of Saint Francis**"), which will serve as the governing documents of the New RHM as of and following the Effective Date unless and until amended pursuant to their terms, and (ii) Saint Francis shall have caused the Saint Francis Controlled Subsidiaries to have duly approved the adoption of amended and restated Organizational Documents in the form of

Exhibit E as is necessary to reflect the admission of Trinity Health as the sole corporate member of Saint Francis and to conform to the Trinity Health System Authority Matrix, which such amended and restated Organizational Documents will serve as the governing documents of the Saint Francis Controlled Subsidiaries as of and following the Effective Date unless and until amended pursuant to their terms. As of the Effective Date, and except as mutually agreed to by the Parties in writing, all assets and properties of Saint Francis shall remain as assets and properties of Saint Francis and all outstanding liabilities of Saint Francis shall remain as liabilities of Saint Francis.

Section 2.02 Sisters of Providence. On the Effective Date or as soon as practicable thereafter, Trinity Health will cause Sisters of Providence either to merge with and into the New RHM or otherwise be restructured such that Mercy Medical Center and the other Sisters of Providence Subsidiaries will be subsidiaries of the New RHM on the same corporate tier as Saint Francis Hospital and Medical Center and the other subsidiaries of the New RHM, as applicable.

ARTICLE III
GOVERNANCE AND OPERATIONS OF THE NEW RHM; ADDITIONAL POST-EFFECTIVE DATE COVENANTS

Section 3.01 Governance. As of and following the Effective Date, upon adoption of the Amended and Restated Certificate of Incorporation of Saint Francis and the Amended and Restated Bylaws of Saint Francis, the New RHM shall (i) be sponsored by Catholic Health Ministries, (ii) be guided by Trinity Health's mission and core values, and (iii) follow Trinity Health's governance and management structure, reserved powers and policies as described in the Trinity Health standard governance documents, including the Trinity Health System Authority Matrix.

Section 3.02 New RHM Board of Directors. As of and following the Effective Date, the board of directors of the New RHM will be appointed in a manner consistent with the criteria, composition requirements and process set forth in the Amended and Restated Certificate of Incorporation and Bylaws of Saint Francis, as such may be amended from time to time. Consistent with the Amended Certificate of Incorporation and Bylaws of Saint Francis, the board shall consist of between nine (9) and fifteen (15) members and shall include (i) at least one (1) Trinity Health representative designated by Trinity Health (who shall serve ex officio with vote), (ii) the President and Chief Executive Officer of the New RHM (who shall serve ex officio with vote), (iii) at least one (1) physician, (iv) at least two (2) members or associates of a Roman Catholic religious congregation, and (v) members of the local community. The Parties anticipate that the board of New RHM will include regional representatives and that certain authority will be delegated to local governance committees of the New RHM's Second Tier Subsidiaries, as such term is defined in the Trinity Health System Authority Matrix. The board of directors and officers of the New RHM, to be effective as of the Effective Date, will be identified by the Parties prior to the Closing Date and will be listed on **Schedule 3.02** to this Agreement.

Section 3.03 President and CEO of the New RHM; President and CEO of Sisters of Providence. Following the Effective Date, Christopher M. Dadlez will serve as the Regional President and Chief Executive Officer of the New RHM pursuant to the terms and conditions of an employment agreement between Mr. Dadlez and Trinity Health that is consistent with Trinity

Health policies and practices applicable to its President and Chief Executive Officers at other RHMs and agreeable to both Trinity Health and Mr. Dadlez (the "**Dadlez Employment Agreement**"). Additionally, Daniel P. Moen, the current President and Chief Executive Officer of Sisters of Providence, will have a regional role and continued oversight of the Sisters of Providence Subsidiaries, which will become subsidiaries of the New RHM.

Section 3.04 Service Area. Following the Effective Date, the Parties anticipate that the Service Area of the New RHM will evolve and expand as new patient and provider needs and opportunities are identified consistent with the strategic vision established for the New RHM. The Parties intend for the New RHM to be the primary organization for future expansion in and around the Service Area; provided, however, Trinity Health may (i) reorganize and restructure the New RHM at any time, and (ii) pursue any other acquisition, business combination, or joint venture in the Service Area.

Section 3.05 Name and Branding.

(a) Following the Effective Date, the name of the New RHM will be changed from Saint Francis to reflect the Service Area to be served by the New RHM. The name of the New RHM will be mutually agreed upon by the Parties prior to the Closing Date pursuant to the integration plan discussed at **Section 8.02** and will be reflected in the Amended and Restated Certificate of Incorporation and Bylaws of Saint Francis.

(b) Following the Effective Date, no changes to the names, trade names, and brands of the Saint Francis Controlled Subsidiaries will take place without first consulting with the local boards, as applicable. Any future name, trade name, or branding changes for the Saint Francis Controlled Subsidiaries will be determined and implemented in a manner that is consistent with Trinity Health branding policies that best preserve the current name, trade name and brand recognition while furthering the branding strategy of the New RHM.

Section 3.06 Catholic Identity. The New RHM will continue its Catholic identity following the Effective Date and will be operated in a manner consistent with the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops. A chapel and all existing religious artifacts will be maintained at Saint Francis Hospital and Medical Center.

Section 3.07 Saint Francis Hospitals. It is Trinity Health's present intent for the New RHM to continue to operate the Saint Francis Hospitals, with a commitment to operate them for at least five (5) years following the Effective Date consistent with and subject to (i) evolving community and Service Area needs, (ii) healthcare reform initiatives, opportunities and mandates, (iii) financial viability, and (iv) applicable Law.

Section 3.08 Medical Staff. Following the Effective Date, the medical staff, admitting privileges and medical staff bylaws of each of the Saint Francis Controlled Subsidiaries will remain in place unless and until amended or changed according to the terms of the medical staff bylaws of the applicable entity.

Section 3.09 Community Benefit.

(a) Following the Effective Date, the New RHM will continue to operate for the benefit of the community and serve the poor and underserved. Trinity Health intends to preserve Saint Francis' longstanding and unwavering commitment to improving the health of those in the communities it serves. Additionally, and to the extent consistent with the changing needs of the communities served, the changing environment in which healthcare is provided, applicable Law, and Trinity Health policies and practices, the New RHM will continue, either directly or through its subsidiaries: (i) offering medical education residency and fellowship programs, (ii) supporting wellness, health education and other community programs consistent with Saint Francis' past policies and practices, (iii) participating in medical research programs and innovation activities, (iv) participating in governmental healthcare programs, (v) identifying community needs in the Service Area and potential clinical improvements or enhancements, and (vi) supporting and enhancing education and community programs.

(b) Following the Effective Date, Saint Francis Hospital and Medical Center Foundation, Inc. (the "**Foundation**") will continue to be a separately endowed foundation that supports the Saint Francis Hospitals and the other Saint Francis Controlled Subsidiaries. The New RHM will consider regional fundraising opportunities and the role of the Foundation in connection with those activities. Trinity Health will comply and cause Saint Francis to comply with any donor restrictions applicable to charitable remainder trusts, donor restricted endowment funds, and other funds heretofore or hereafter donated to the Foundation.

Section 3.10 Participation in Trinity Health Services and Initiatives.

(a) As soon as practicable after the Effective Date, the New RHM will participate in Trinity Health services and initiatives (*e.g.*, financing, professional liability and other insurances, retirement programs, information technology, supply chain, cash management, compliance, and clinical quality initiatives, etc.) in the same manner as other RHMs.

(b) For a period of one (1) year from the Effective Date, the New RHM will not be charged any of the standard Trinity Health system overhead allocations to which other RHMs are subject. Commencing on the Effective Date, the New RHM will be charged for shared system services consistent with the process by which other RHMs are charged for those services.

Section 3.11 Debt and Long-Term Liabilities.

(a) Within one (1) year of the Effective Date, Trinity Health will develop a plan to address the third party debt of Saint Francis and, to the extent possible, restructure the debt into the Trinity Health system debt program and intercompany loan program. The Saint Francis third party debt will remain on the balance sheet of the New RHM, but, to the extent possible, it will be replaced with intercompany debt to Trinity Health, provided that the terms of the existing debt and current rates of interest make that advisable. To the extent that any current Saint Francis third party debt cannot be restructured into the Trinity Health system debt program, Trinity Health will exercise reasonable best efforts to ensure that such third party debt is paid by the New RHM.

(b) Additionally, within one (1) year of the Effective Date, Trinity Health and the New RHM will agree on a plan to fully fund the pension plan obligations of Saint Francis and the Saint Francis Controlled Subsidiaries within an agreed upon time frame. If at any time the New RHM is unable to meet such pension plan obligations through its operating cash flows, Trinity Health will allow the New RHM to borrow any shortfall from the intercompany loan program in order to assure the payment of plan benefits to all plan participants.

Section 3.12 Mercy Community. On and following the Effective Date, Mercy Community Health, Inc. ("**Mercy Community Health**"), a Connecticut non-stock corporation of which Trinity Continuing Care Services, Inc. is the sole corporate member, will remain part of the Trinity Senior Living Communities RHM; provided, however, that as part of an integration plan described at **Section 8.02**, the Parties will discuss further operational coordination and integration of Mercy Community Health and other assets into the New RHM.

ARTICLE IV
CAPITAL COMMITMENT

Section 4.01 Capital Commitment. During the five (5) year period following the Effective Date, Trinity Health will cause aggregate Capital Expenditures in an amount no less than Two Hundred Seventy-Five Million dollars ($275,000,000) to support the operations of the Saint Francis Hospitals and the other Saint Francis Controlled Subsidiaries (the "**Committed Capital**"). Among the sources of the Committed Capital are: (i) available cash and investments generated by the New RHM, provided, however, any utilization of such cash and investments will be done in a manner that ensures Saint Francis's continued compliance with any applicable bond or loan covenants; (ii) donor contributions to the Foundation to the extent consistent with any applicable donor restrictions; (iii) financing obtained through the Trinity Health system debt program; and (iv) to the extent necessary, capital contributions from Trinity Health. If the Effective Date of the transaction contemplated by this Agreement is prior to July 1, 2015, the Committed Capital shall cover the period beginning with the fiscal year ending June 30, 2016 and continuing through the fiscal year ending June 30, 2020. If the Effective Date of this Agreement occurs after July 1, 2015, the Parties will reasonably adjust the schedule for the Committed Capital. Subject to the requirements of the Trinity Health System Authority Matrix, the Capital Expenditure allocation and approval process will occur annually and be based on a mutually agreeable capital plan developed and approved by Trinity Health and the New RHM; provided, however, the Capital Expenditure allocation and approval process will not lower the amount of the Committed Capital.

Section 4.02 Use of the Committed Capital. The Committed Capital will be made available to support the capital needs of the Saint Francis Hospitals and the other Saint Francis Controlled Subsidiaries including the strategic growth and infrastructure development for the New RHM's integrated delivery system, to expand and upgrade the health care services provided by the New RHM, and to support community health/population management initiatives as well as strategic growth including mergers, acquisitions, joint ventures and physician network development. Specific Capital Expenditures funded by the Committed Capital and the timing of such expenditures will be subject to (i) Trinity Health system processes, and (ii) review and approval of the strategic plan and capital budgets for the New RHM, including system management and governance approvals as set forth in Trinity Health System Authority Matrix.

Section 4.03 Obligation to Repay Loans. Loans extended through the Trinity Health system debt program and intercompany loan program, whether for capital (including the Committed Capital) or otherwise, are required to be repaid consistent with the terms of such program.

Section 4.04 Additional Capital Needs. The Parties anticipate that the New RHM also may propose large-scale, strategic merger and acquisition opportunities for which capital needs exceed the Committed Capital. Such opportunities will be evaluated jointly by the New RHM and Trinity Health in connection with Trinity Health's standard capital allocation process and may be supported by additional capital from Trinity Health in addition to the Committed Capital.

Section 4.05 Potential Investment. Saint Francis has identified a potential opportunity for an equity investment in a large primary care physician practice located in the Service Area (the "**Potential Investment Opportunity**"). Saint Francis and Trinity Health agree that a strategic rationale exists to support pursuit of the Potential Investment Opportunity; accordingly, Trinity Health and Saint Francis will (i) coordinate the joint review and response to a request for proposal regarding the Potential Investment Opportunity, (ii) further evaluate and conduct commercially reasonable due diligence regarding the Potential Investment Opportunity, and (iii) if Trinity Health and Saint Francis deem it warranted, agree on a means of consummating a transaction in furtherance of the Potential Investment Opportunity. In the event that the Potential Investment Opportunity is consummated, on the Effective Date the investment would become part of the New RHM. If Trinity Health deems the Potential Investment Opportunity to be accretive as a stand-alone opportunity (meaning that the transaction is expected by Trinity Health, following consultation with Saint Francis, to be financially beneficial to the New RHM based on a pro forma analysis), then the investment amount will be separate and distinct from the Committed Capital. Otherwise, the investment amount for the Potential Investment Opportunity will be included as an expenditure of the Committed Capital.

ARTICLE V
CLOSING

Section 5.01 Closing. Subject to the terms and conditions of this Agreement, the consummation of the transaction contemplated by this Agreement (the "**Closing**") shall take place on the last day of the month immediately after all of the conditions to Closing set forth in Article IX are either satisfied or waived (other than conditions which, by their nature, are to be satisfied on the Closing Date), or such other date to which Saint Francis and Trinity Health mutually agree upon in writing. The date on which the Closing is to occur is herein referred to as the "**Closing Date**" and the Closing shall be effective as of 12:00:01 AM on the first day of the month immediately following the Closing Date (the "**Effective Date**").

Section 5.02 Closing Deliverables.

(a) At or prior to Closing, Saint Francis shall deliver or cause to be delivered to Trinity Health the following:

(i) an assignment of the sole membership interest in Saint Francis in a form reasonably acceptable to Trinity Health which shall convey to Trinity Health all right, title and interest of the Archbishop of Hartford in such membership interest as of the Effective Date;

(ii) the Amended and Restated Certificate of Incorporation of Saint Francis, duly filed with the Secretary of State of Connecticut to be effective as of the Effective Date, and the Amended and Restated Bylaws of Saint Francis effective as of the Effective Date;

(iii) the amended and restated Organizational Documents of the Saint Francis Controlled Subsidiaries effective as of the Effective Date, with such applicable Organizational Documents duly filed with the Secretary of State of Connecticut or such other Governmental Authority as is necessary to give them effect under applicable Law;

(iv) certified copies of the resolutions of the Board of Directors of Saint Francis authorizing and approving the execution of this Agreement and the transaction contemplated hereby;

(v) evidence of the approval of the Archbishop of Hartford required in connection with the execution of this Agreement and the transaction contemplated hereby in a form reasonably acceptable to Trinity Health;

(vi) documents, instruments, affidavits, indemnifications and undertakings required by the Title Company to issue the Title Policies;

(vii) Title Polic(ies) covering the Owned Real Property in accordance with **Section 8.08** in a form and substance satisfactory to Trinity Health;

(viii) a list of the officers and directors of Saint Francis as of the Closing Date certified by an appropriate officer of Saint Francis, as applicable;

(ix) written resignations, effective as of the Effective Date, of the officers and directors of Saint Francis;

(x) evidence of all church and canonical approvals required in connection with the alienation of property arising from the transactions; and

(xi) such other customary instruments of transfer, assumption, filings or documents, in form and substance reasonably satisfactory to Trinity Health, as may be required to give effect to this Agreement.

(b) At the Closing, Trinity Health shall deliver to Saint Francis the following:

(i) documents, instruments, affidavits, indemnifications and undertakings required by the Title Company to issue the Title Policies;

(ii) certified copies of resolutions of Trinity Health's governing body authorizing and approving the execution of this Agreement and the transaction contemplated hereby; and

(iii) such other customary instruments of transfer, assumption, filings or documents, in form and substance reasonably satisfactory to Saint Francis, as may be required to give effect to this Agreement.

ARTICLE VI
REPRESENTATIONS AND WARRANTIES OF SAINT FRANCIS

Except as set forth in the Disclosure Schedules or as otherwise set forth below, Saint Francis represents and warrants to Trinity Health that the statements contained in this **Article VI** are true and correct as of the Signature Date and will be true and correct as of the Closing Date subject to any updates in the Disclosure Schedules delivered by Saint Francis prior to the Closing Date.

Section 6.01 Organization and Corporate Authority.

(a) Saint Francis is a non-stock corporation, duly organized and validly existing in good standing under the laws of the State of Connecticut. Saint Francis has all requisite corporate power and corporate authority to enter into this Agreement and the other Transaction Documents to which it will be a Party and to perform its obligations hereunder and thereunder.

(b) Each Saint Francis Controlled Subsidiary is duly organized and validly existing in good standing under the laws of its state of organization and has the requisite power and authority to own, lease, and operate the assets used in the conduct of its business and to carry on its business as it is now being conducted.

Section 6.02 Tax-Exempt Status. Saint Francis and each Exempt Subsidiary is exempt from federal income taxation pursuant to Section 501(a) of the Code, as an organization described in Section 501(c)(3) of the Code, and is not a "private foundation" as defined in Section 509(a) of the Code, in each case as evidenced either by a determination letter from the IRS or a listing in the Official Catholic Directory. None of Saint Francis or any Exempt Subsidiary has within the past three (3) most recent fiscal years received any written correspondence or notice from any taxing authority that any of its exemptions from Tax (including specifically, under Section 501(a) of the Code by virtue of being an organization described in Section 501(c)(3) of the Code and for real, personal and sales tax liability in the jurisdiction in which the organization is located) have been or may be revoked, modified or under consideration or review. Neither Saint Francis nor any Exempt Subsidiary has taken any action that may cause it to lose its exemption from taxation under Section 501(a) of the Code.

Section 6.03 Authorization and Enforceability of this Agreement. The execution, delivery and performance of this Agreement by Saint Francis (including the execution, delivery and performance of any Transaction Document to which it will be a party) has been duly authorized by all necessary corporate action. This Agreement has been duly executed and delivered by Saint Francis and constitutes a valid and legally binding obligation of Saint Francis, enforceable against Saint Francis in accordance with its terms, subject to Applicable Exceptions.

Section 6.04 No Conflicts; Consents. The execution, delivery and performance by Saint Francis of this Agreement and the other Transaction Documents to which it is a party, and the consummation of the transaction contemplated hereby and thereby, do not and will not: (a)

conflict with or result in a violation or breach of, or default under, any provision of the certificate of incorporation, bylaws or other Organizational Documents of Saint Francis and the Saint Francis Controlled Subsidiaries; (b) conflict with or result in a violation or breach of any provision of any Law or Governmental Order applicable to Saint Francis or the Saint Francis Controlled Subsidiaries; (c) except as set forth in **Schedule 6.04**, (i) require the consent, notice to or other action by any Person under, (ii) conflict with, (iii) result in a violation or breach of, (iv) constitute a default or an event that, with or without notice or lapse of time or both, would constitute a default under, (v) result in the acceleration of or create in any party the right to accelerate, terminate, modify or cancel any Contract or Permit to which Saint Francis or a Saint Francis Controlled Subsidiary is a party or by which Saint Francis or a Saint Francis Controlled Subsidiary, or to which any of the Saint Francis Assets are subject; or (d) result in the creation or imposition of any Encumbrance other than Permitted Encumbrances on the Saint Francis Assets, except in the case of clauses (b), (c), and (d), where the violation, breach, conflict, default, acceleration, failure to give notice, or Encumbrance would not have a Material Adverse Effect with respect to Saint Francis. No consent, approval, Permit, Governmental Order, declaration or filing with, or notice to, any Governmental Authority is required by or with respect to Saint Francis or the Saint Francis Controlled Subsidiaries in connection with the execution and delivery of this Agreement or any of the other Transaction Documents and the consummation of the transaction contemplated hereby and thereby, except for such matters as are set forth in **Schedule 6.04** and such consents, approvals, Permits, Governmental Orders, declarations, filings or notices which would not have a Material Adverse Effect with respect to Saint Francis.

Section 6.05 Saint Francis Subsidiaries. The organizational chart attached as **Schedule 6.05** is an accurate and complete description of the ownership structure of Saint Francis and the Saint Francis Controlled Subsidiaries and the respective ownership interests of Saint Francis and the Saint Francis Controlled Subsidiaries in other Persons. Except as depicted on **Schedule 6.05**, neither Saint Francis nor the Saint Francis Controlled Subsidiaries have any ownership interests in any Person (other than shares of publicly traded securities or similar non-controlling interests held solely for investment purposes). The interest held by Saint Francis and the Saint Francis Controlled Subsidiaries in any Person was acquired in compliance with applicable Law.

Section 6.06 Financial Statements. Copies of the audited financial statements for Saint Francis and each Saint Francis Controlled Subsidiary as of September 30, for each of the years 2011, 2012, and 2013, and unaudited financial statements for each of the subsequent months available through the Signing Date (collectively the "**Financial Statements**"), have been made available to Trinity Health. The Financial Statements have been prepared in accordance with GAAP applied on a consistent basis throughout the period involved. The Financial Statements fairly present in all material respects the financial condition of Saint Francis and each Saint Francis Controlled Subsidiary as of the respective dates they were prepared and the results of the operations of Saint Francis and the Saint Francis Controlled Subsidiaries for the periods indicated, subject to year-end adjustments in the case of the Financial Statements as of and for the period ending September 30, 2014. The balance sheets of Saint Francis and each Saint Francis Controlled Subsidiary as of September 30, 2014, are referred to herein, collectively, as the "**Balance Sheet**" and the date thereof as the "**Balance Sheet Date**."

Section 6.07 Undisclosed Liabilities. Neither Saint Francis nor any Saint Francis Controlled Subsidiary has any liabilities, obligations or commitments of any nature whatsoever, asserted or unasserted, known or unknown, absolute or contingent, accrued or unaccrued, matured or unmatured or otherwise, except (a) those which are adequately reflected or reserved against in the Balance Sheet as of the Balance Sheet Date and those existing on the Balance Sheet Date which are not, individually or in the aggregate, material in amount, and (b) those which have been incurred in the ordinary course of business since the Balance Sheet Date and which are not, individually or in the aggregate, material in amount.

Section 6.08 Absence of Certain Changes, Events and Conditions. Except as set forth in **Schedule 6.08** of the Disclosure Schedules, from the Balance Sheet Date until the Signature Date, Saint Francis and each Saint Francis Controlled Subsidiary have been operated in the ordinary course in all material respects and there has not been any:

(a) event, occurrence or development that has had, or could reasonably be expected to have, individually or in the aggregate, a Material Adverse Effect;

(b) amendment of the Organizational Documents of Saint Francis or any Saint Francis Controlled Subsidiary;

(c) issuance, sale or other disposition of, or creation of any Encumbrance on, any interests in any Saint Francis Controlled Subsidiary, or grant of any options, warrants or other rights to purchase or obtain (including upon conversion, exchange or exercise) any interests in a Saint Francis Controlled Subsidiary;

(d) material change in any method of accounting or accounting practice of Saint Francis and the Saint Francis Controlled Subsidiaries, except as required by GAAP;

(e) material change in the Saint Francis Insurance Policies;

(f) failure to report to any insurance carrier any incidents, acts, errors or omissions that are covered by insurance, involve liability beyond any applicable deductibles, and relate to any patient services, visitors, or employees of any Saint Francis Controlled Subsidiary;

(g) reservation of rights or denial letters received by Saint Francis or Saint Francis Controlled Subsidiary from any insurance carrier with respect to any claim in excess of $250,000;

(h) incurrence, assumption or guarantee of any indebtedness for borrowed money in excess of $250,000 except unsecured current obligations and liabilities incurred in the ordinary course of business;

(i) transfer, assignment, sale or other disposition of any of the assets shown or reflected in the Balance Sheet with a book value greater than $250,000 or cancellation of any debts or entitlements other than in the ordinary course of business;

(j) material damage, destruction or loss (not covered by insurance) to any Saint Francis Asset in an amount which exceeds $250,000;

(k) any Capital Expenditure, capital investment in, or any loan to, any other Person not disclosed or reserved for in the Financial Statements by Saint Francis or a Saint Francis Controlled Subsidiary except in accordance with an approved capital budget or in the ordinary course of business;

(l) acceleration, termination, or cancellation of any Material Contract to which Saint Francis or a Saint Francis Controlled Subsidiary is a party by reason of default by Saint Francis or such Saint Francis Controlled Subsidiary;

(m) except for Permitted Encumbrances, imposition of any Encumbrance securing indebtedness in excess of $250,000 upon any of the Saint Francis Assets;

(n) increase in the compensation or bonus paid or payable or in the benefits provided to any employees of Saint Francis or a Saint Francis Controlled Subsidiary other than increases made in the ordinary course of business (including those under existing labor agreements), grant to any employee of Saint Francis or a Saint Francis Controlled Subsidiary of any increase in severance or termination pay or any right to receive any severance or termination pay, or the adoption, amendment or termination of any Saint Francis Benefit Plans, except in the ordinary course of business or to the extent required by applicable Law;

(o) adoption of any plan of merger, consolidation, reorganization, liquidation or dissolution or filing of a petition in bankruptcy under any provisions of federal or state bankruptcy Law or consent to the filing of any bankruptcy petition against it under any similar Law by Saint Francis or a Saint Francis Controlled Subsidiary;

(p) purchase, lease or other acquisition of the right to own, use or lease any property or assets for an amount in excess of $250,000, individually (in the case of a lease, per annum) or $1,000,000 in the aggregate (in the case of a lease, for the entire term of the lease, not including any option term) by Saint Francis or a Saint Francis Controlled Subsidiary, except for purchases in accordance with an approved capital budget or in the ordinary course of business;

(q) acquisition by merger or consolidation with, or by purchase of a substantial portion of the assets, stock or other equity of, or by any other manner, any business or any Person by Saint Francis or a Saint Francis Controlled Subsidiary; or

(r) any Contract to do any of the foregoing, or any action or omission that would result in any of the foregoing.

Section 6.09 Material Contracts.

(a) **Schedule 6.09(a)** of the Disclosure Schedules lists each of the following Contracts of Saint Francis and the Saint Francis Controlled Subsidiaries (together with the Contracts described in **Section 6.09(b)** below, the "**Material Contracts**"):

(i) each Contract involving aggregate consideration in excess of $250,000 and which, in each case, cannot be cancelled by Saint Francis or a Saint Francis Controlled Subsidiary, as applicable, without penalty or without more than 90 days' notice;

(ii) all Contracts that relate to the acquisition of any business, a material amount of equity or assets of any other Person or any real property (whether by merger, sale of stock or equity, sale of assets or otherwise), in each case involving amounts in excess of $250,000;

(iii) all Contracts with any Governmental Authority;

(iv) any Contracts to which Saint Francis or a Saint Francis Controlled Subsidiary is a party that provide for any joint venture, partnership or similar arrangement;

(v) all Contracts between or among Saint Francis on the one hand and any Affiliate of Saint Francis on the other hand;

(vi) all collective bargaining agreements or Contracts with any a union, works council or labor organization to which Saint Francis or a Saint Francis Controlled Subsidiary is a party; and

(vii) except for agreements relating to trade receivables, all Contracts relating to indebtedness (including, without limitation, guarantees), in each case having an outstanding principal amount in excess of $250,000.

(b) St. Francis has provided to Trinity Health in writing on or prior to the Signature Date a list of each of the following Contracts of Saint Francis and the Saint Francis Controlled Subsidiaries:

(i) any agreements between Saint Francis or Saint Francis Controlled Subsidiary and any physician or physician-owned entity or medical group practice;

(ii) any managed care agreements;

(iii) any agreements between Saint Francis or a Saint Francis Controlled Subsidiary and any Person who is an officer, director or employee of Saint Francis or Saint Francis Controlled Subsidiary; and

(iv) all Contracts that limit or purport to limit the ability of Saint Francis or a Saint Francis Controlled Subsidiary to compete in any line of business or with any Person or in any geographic area or during any period of time.

(c) Except as set forth in **Schedule 6.09(c),** and except to the extent that the inaccuracy of any of the following statements would not have a Material Adverse Effect with respect to Saint Francis: (i) each Material Contract is valid and binding on Saint Francis or a Saint Francis Controlled Subsidiary, as applicable, in accordance with its terms and is in full force and effect; (ii) to the Knowledge of Saint Francis, no party is in breach of or default under (or is alleged to be in breach of or default under), or has provided or received any notice of any intention to terminate, any Material Contract; and (iii) no event or circumstance has occurred that, with notice or lapse of time or both, would constitute an event of default under any Material Contract or result in a termination thereof or would cause or permit the acceleration or other changes of any right or obligation or the loss of any benefit thereunder. Complete and correct

copies of each Material Contract (including all modifications, amendments and supplements thereto and waivers thereunder) have been made available to Trinity Health.

Section 6.10 Title to Saint Francis Assets.

(a) Either Saint Francis or a Saint Francis Controlled Subsidiary has good and valid title to, or a valid leasehold interest in, the Saint Francis Assets, except for such imperfections as would not result in a Material Adverse Effect with respect to Saint Francis. All of the Saint Francis Assets (including leasehold interests) are free and clear of Encumbrances except for Permitted Encumbrances. All of the material tangible Saint Francis Assets, whether owned or leased, are in the possession or control of Saint Francis or a Saint Francis Controlled Subsidiary.

(b) For the purposes of this Agreement, "**Permitted Encumbrances**" means the following:

(i) those items set forth in **Schedule 6.10**;

(ii) liens for Taxes not yet due and payable or which are being diligently contested in good faith, by appropriate proceedings or other appropriate actions which are sufficient to prevent imminent foreclosure of such liens and with respect to which adequate reserves or other appropriate provisions are being maintained by Saint Francis;

(iii) rights of way, zoning ordinances and other encumbrances affecting the Owned Real Property which do not, individually or in the aggregate, materially adversely affect the operations of Saint Francis and the Saint Francis Controlled Subsidiaries, or prohibit or interfere with the current operation of any Owned Real Property, or adversely affect title or the marketability of any Owned Real Property and which are otherwise acceptable to Trinity Health in its commercially reasonable judgment;

(iv) other than with respect to Owned Real Property, liens arising under original purchase price conditional sales contracts and equipment leases with third parties entered into in the ordinary course of business which are not, individually or in the aggregate, material to the operations of Saint Francis and the Saint Francis Controlled Subsidiaries;

(v) statutory liens of landlords and liens of carriers, warehousemen, bailees, mechanics, materialmen and other like liens imposed by law, created in the ordinary course of business and for amounts not yet due (or which are being contested in good faith, by appropriate proceedings or other appropriate actions which are sufficient to prevent imminent foreclosure of such liens) and with respect to which adequate reserves or other appropriate provisions are being maintained by Saint Francis; and

(vi) pledges or deposits made (and the liens thereon) in the ordinary course of business of Saint Francis (including, without limitation, security deposits for leases, indemnity bonds, surety bonds and appeal bonds) in connection with workers' compensation, unemployment insurance and other types of social security benefits and deposits securing liability to insurance carriers under insurance or self-insurance arrangements or to secure the performance of tenders, bids, contracts (other than for the repayment or guarantee of borrowed money or purchase money obligations), statutory obligations and other similar obligations.

Section 6.11 Condition and Sufficiency of the Saint Francis Assets. Subject to ordinary wear and tear and matters contemplated in Saint Francis's capital replacement plans adopted in the ordinary course of business from time to time, the buildings, plants, structures, furniture, fixtures, machinery, equipment, vehicles and other items of tangible personal property included in the Saint Francis Assets are in good operating condition and repair, and are adequate for the uses to which they are being put, and none of such buildings, plants, structures, furniture, fixtures, machinery, equipment, vehicles and other items of tangible personal property is in need of maintenance or repairs except for ordinary, routine maintenance and repairs that are not material in nature or cost. The Saint Francis Assets are sufficient for the continued conduct of the business of Saint Francis and the Saint Francis Controlled Subsidiaries after the Effective Date in substantially the same manner as conducted prior to the Effective Date and constitute all of the rights, property and assets necessary to conduct of the business of Saint Francis and the Saint Francis Controlled Subsidiaries.

Section 6.12 Real Property.

(a) **Schedule 6.12(a)** of the Disclosure Schedules sets forth a list of all real property owned by Saint Francis or a Saint Francis Controlled Subsidiary (collectively, the "**Owned Real Property**"). Saint Francis or a Saint Francis Controlled Subsidiary has good and marketable fee simple title to the Owned Real Property, free and clear of all Encumbrances, except (A) Permitted Encumbrances and (B) those Encumbrances set forth in **Schedule 6.12(a)** of the Disclosure Schedules.

(b) **Schedule 6.12(b)** of the Disclosure Schedules sets forth a list of all real property leased by Saint Francis or a Saint Francis Controlled Subsidiary (collectively, the "**Leased Real Property**"), and a list of all leases for the Saint Francis Owned Real Property (collectively, the "**Saint Francis Leases**").

(c) Neither Saint Francis nor a Saint Francis Controlled Subsidiary has received any written notice of existing, pending or threatened (i) condemnation proceedings affecting the Owned Real Property, or (ii) zoning, building code or other moratorium proceedings, or matters which would reasonably be expected to materially and adversely affect the ability to operate the Owned Real Property as currently operated. Neither the whole nor any material portion of any Owned Real Property has been damaged or destroyed by fire or other casualty.

Section 6.13 Intangible Personal Property; Software.

(a) Saint Francis has disclosed to Trinity Health all patents, copyrights, trademarks, service marks, trade names or other items of intellectual property registered by Saint Francis or a Saint Francis Controlled Subsidiary with any Governmental Authority. Saint Francis and each Saint Francis Controlled Subsidiary own or hold adequate licenses or other rights to use all intellectual property used in or necessary for the operation of its business as now conducted.

(b) To the Knowledge of Saint Francis, neither Saint Francis nor any Saint Francis Controlled Subsidiary is infringing any patent, trade name, trademark, service mark, copyright, trade secret, technology, know-how, or process belonging to any other Person. Neither Saint Francis nor any Saint Francis Controlled Subsidiary has received any written notice of any such

claim of infringement and, to the Knowledge of Saint Francis, no actions have been instituted or are pending or threatened, which challenge the validity of the ownership or use by Saint Francis or any Saint Francis Controlled Subsidiary of any intellectual property used in connection with the operations of Saint Francis and the Saint Francis Controlled Subsidiaries.

(c) To the Knowledge of Saint Francis, the use by Saint Francis or Saint Francis Controlled Subsidiary of any third-party software in connection with such party's business operations does not conflict with, misappropriate or infringe upon the rights or ownership interests of any other Person.

Section 6.14 Legal Proceedings; Governmental Orders.

(a) Except as set forth in **Schedule 6.14(a)** of the Disclosure Schedules, there are no actions, suits, claims, investigations or other legal proceedings pending or, to the Knowledge of Saint Francis, threatened (i) against or by Saint Francis or a Saint Francis Controlled Subsidiary that are not covered in full (subject to standard deductibles) under insurance policies and, to the extent not covered by insurance, exceed $250,000 in alleged liability; or (ii) against or by Saint Francis or any Saint Francis Controlled Subsidiary that challenges or seeks to prevent, enjoin or otherwise delay the transaction contemplated by this Agreement. No event has occurred or circumstances exist that may give rise to, or serve as a basis for, any such action, suit, claim, investigation or other legal proceeding, except for such actions, suits, claims, investigations or other legal proceedings that would not, in the aggregate, have a Material Adverse Effect.

(b) Except as set forth in **Schedule 6.14(b)** of the Disclosure Schedules, there are no outstanding Governmental Orders and no unsatisfied judgments, penalties or awards against or affecting Saint Francis or any Saint Francis Controlled Subsidiary, except for such Governmental Orders, unsatisfied judgments, penalties or awards that would not, in the aggregate, have a Material Adverse Effect. Saint Francis and the Saint Francis Controlled Subsidiaries are in compliance with the terms of each Governmental Order set forth in **Schedule 6.14(b)** of the Disclosure Schedules, except to the extent that non-compliance would not result in a Material Adverse Effect. No event has occurred or circumstances exist that may constitute or result in (with or without notice or lapse of time) a violation of any such Governmental Order except for violations that would not in the aggregate result in a Material Adverse Effect.

Section 6.15 Compliance with Laws; Permits.

(a) Except as set forth in **Schedule 6.15(a)** of the Disclosure Schedules, Saint Francis and each Saint Francis Controlled Subsidiary are in material compliance with all Laws applicable to the business, properties and assets of Saint Francis and the Saint Francis Controlled Subsidiaries including, without limitation, the False Claims Act (31 U.S.C. § 3729, et seq.), the Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), federal and state anti-kickback statutes (including 42 U.S.C. § 1320a 7b), federal and state referral laws (including 42 U.S.C. §1395nn), criminal false claims statutes (e.g. 18 U.S.C. §§ 287 and 1001), and the Beneficiary Inducement Statute (42 U.S.C. §1320a-7a(a)(5)). Neither Saint Francis nor any Saint Francis Controlled Subsidiary has received notice of any violation of any such Laws nor, to the Knowledge of Saint Francis, does there exist any facts which would provide a basis for such claims.

(b) All Permits required for Saint Francis and the Saint Francis Controlled Subsidiaries to conduct their business as currently conducted or for the ownership and use of the Saint Francis Assets have been obtained by Saint Francis and the Saint Francis Controlled Subsidiaries and are valid and in full force and effect, except where the failure to obtain such Permits would not have a Material Adverse Effect. All fees and charges with respect to such Permits have been paid in full. Saint Francis has disclosed to Trinity Health all current material Permits issued to Saint Francis and the Saint Francis Controlled Subsidiaries which relate to their operations as currently conducted or the ownership and use of the Saint Francis Assets, including the names of the Permits and their respective dates of issuance and expiration. No event has occurred that, with or without notice or lapse of time or both, would reasonably be expected to result in the revocation, suspension, lapse or limitation of any material Permit except such revocations, suspensions, lapses or limitations that would not in the aggregate result in a Material Adverse Effect.

(c) Saint Francis has made available to Trinity Health pursuant to due diligence requests a copy of the most recent state licensing reports and lists of deficiencies, if any, and the most recent fire marshal surveys and list of deficiencies, if any, for the Saint Francis Hospitals. The Saint Francis Hospitals are in compliance in all material respects with applicable fire code regulations. The Saint Francis Hospitals have cured or submitted a plan of correction with respect to the deficiencies noted in any such licensure surveys and fire marshal reports and shall provide documentation that such cures and/or plans of correction have been accepted by the appropriate Governmental Authority as of the Closing Date.

(d) There are no outstanding patient complaints with respect to the Saint Francis Controlled Subsidiaries which have been substantiated by a Governmental Authority and which have not been cured or are not the subject of a plan of correction accepted by the applicable Governmental Authority, except such complaints as would not in the aggregate result in a Material Adverse Effect. All fines imposed, if any, against the Saint Francis Controlled Subsidiaries with respect to any patient complaints have been paid in full.

(e) None of the representations and warranties in **Section 6.15** shall be deemed to relate to environmental matters (which are governed by **Section 6.21**), employee benefits matters (which are governed by **Section 6.22**), employment matters (which are governed by **Section 6.23**) or tax matters (which are governed by **Section 6.24**).

Section 6.16 Medicare Participation/Accreditation

(a) The Saint Francis Providers are eligible without restriction for participation in the Medicare, Medicaid and TRICARE plan programs (collectively, the "**Government Programs**") and have current and valid provider contracts with the Government Programs. To the Knowledge of Saint Francis, the Saint Francis Providers are each in compliance with the applicable conditions of participation for the Government Programs in all material respects. There is neither pending, nor, to the Knowledge of Saint Francis, threatened, any proceeding or investigation under the Government Programs involving the Saint Francis Providers. Saint Francis has made available to Trinity Health true and complete copies of the most recent Government Program survey reports and all plans of correction, if any, which the Saint Francis Providers were required to submit in response to such surveys and, except as set forth in **Schedule 6.16(a)** of the

Disclosure Schedules, all such plans of correction have been accepted by the applicable Government Program and all have been or are in the process of being implemented.

(b) Each of the Saint Francis Providers has timely filed all required Government Program cost reports for all the fiscal years through and including the most current fiscal year. To the Knowledge of Saint Francis, all of such cost reports filed by the Saint Francis Providers are complete and correct in all material respects and such cost reports do not claim, and none of Saint Francis Providers have received, reimbursement in excess of the amounts provided by Law or any applicable agreement. True and complete copies of all such cost reports for the three (3) most recent fiscal years of the Saint Francis Providers have been furnished to Trinity Health. Except for routine claims for reimbursement made in the ordinary course of business and except as set forth in **Schedule 6.16(b)** of the Disclosure Schedules, there are no claims, actions or appeals pending before any commission, board or agency, including any fiscal intermediary or carrier, the Provider Reimbursement Review Board or the Administrator of the Centers for Medicare and Medicaid Services, with respect to Government Program claims filed on behalf of the Saint Francis Providers.

(c) The billing practices of the Saint Francis Providers with respect to all third party payors, including the Government Programs and private insurance companies, have been performed in the ordinary course of business and, to the Knowledge of Saint Francis, are in compliance in all material respects with all applicable Law and billing requirements of such third party payors and Government Programs, and none of the Saint Francis Providers have knowingly billed or received any material payment or reimbursement in excess of amounts allowed by Law other than underpayments and overpayments arising in the ordinary course of business.

(d) Each of the Saint Francis Hospitals is duly accredited with no material contingencies by the Joint Commission or by any other accrediting bodies. Saint Francis has made available to Trinity Health each accreditation survey report and deficiency list prepared by the Joint Commission for the past three (3) years and except as set forth on **Schedule 6.16(d)** each of Saint Francis Hospitals' most recent statement of deficiencies and plan of correction, all of which have been accepted by the accrediting body and have been implemented or are in the process of being implemented.

Section 6.17 Compliance Programs

(a) To the Knowledge of Saint Francis, during the past five (5) years, each of the Saint Francis Providers has maintained and adhered to in all material respects a compliance program designed to promote compliance with all Laws and ethical standards, to improve the quality and performance of operations, and to detect, prevent, and address violations of legal or ethical standards applicable to the operations of the Saint Francis Providers, as applicable.

(b) Upon hiring employees and regularly thereafter, searches of the Office of Inspector General's List of Excluded Individuals/Entities are performed by Saint Francis or its designee to confirm that all employees, independent contractors, consultants, medical staff members, and other Persons providing any services under any Contract with Saint Francis or a Saint Francis Controlled Subsidiary are not, as of the date of such search, excluded, debarred or otherwise ineligible to participate in the Government Programs. Neither Saint Francis nor any

Saint Francis Controlled Subsidiary has received written notice that (i) any Person providing services under a Contract with Saint Francis or a Saint Francis Controlled Subsidiary or (ii) any employee, contractor, or medical staff member performing services for Saint Francis or a Saint Francis Controlled Subsidiary is charged with or has been convicted of a criminal offense related to the Government Programs, but has not yet been excluded, debarred or otherwise declared ineligible to participate in such programs or is proposed for exclusion therefrom.

(c) Saint Francis has made available to Trinity Health all records, audit reports and logs maintained by or behalf of the Saint Francis Providers in connection with their respective compliance programs. Except for matters set forth in such records, audit reports and logs, or as otherwise disclosed to Trinity Health, to the Knowledge of Saint Francis, there are no actual or potential violations by the Saint Francis Providers or any of their directors, officers or employees of any Law applicable to the Government Programs for which criminal penalties, civil monetary penalties or exclusion may be authorized.

Section 6.18 Corporate Integrity Agreements. Neither Saint Francis nor any Saint Francis Controlled Subsidiary (i) is a party to a corporate integrity agreement or to a Certification of Compliance Agreement with the Office of the Inspector General of the United States Department of Health and Human Services, (ii) has reporting obligations pursuant to any settlement agreement entered into with any Governmental Authority, (iii) to the Knowledge of Saint Francis, is the subject of any Government Program investigation, (iv) has been a defendant in any qui tam/False Claims Act litigation, (v) to the Knowledge of Saint Francis, has been served with or received any search warrant, subpoena, civil investigation demand, contact letter or telephone or personal contact by or from any Governmental Authority, and (vi) to the Knowledge of Saint Francis, has received any complaints through any compliance "hotlines" from employees, independent contractors, vendors, physicians, or any other Persons that would indicate, based on due inquiry by the Saint Francis, that Saint Francis or any Saint Francis Controlled Subsidiary, or any of their directors, officers, or employees has violated any Law which has not been (or are not being) addressed in accordance with the applicable party's compliance program.

Section 6.19 HIPAA. To the Knowledge of Saint Francis, the Saint Francis Hospitals and each Saint Francis Controlled Subsidiary that is a "**Covered Entity**" (as defined in HIPAA) is in material compliance with the applicable rules and regulations promulgated under HIPAA pursuant to 45 CFR Parts 160, 162, and 164 (subparts A, D and E) and the changes thereto imposed by HITECH. Except as previously disclosed in writing by Saint Francis to Trinity Health, none of Saint Francis or any Saint Francis Controlled Subsidiary has been the subject of an enforcement action by or resolution agreement with the U.S. Department of Health & Human Services, Office for Civil Rights or any other Governmental Authority related to HIPAA within the past three (3) years. A list of all breach notifications made by Saint Francis or a Saint Francis Controlled Subsidiary pursuant to HIPAA is set forth on **Schedule 6.19**.

Section 6.20 Affiliate Transactions. Except as previously disclosed in writing by Saint Francis to Trinity Health:

(a) To the Knowledge of Saint Francis, no officer or director of Saint Francis or any Saint Francis Controlled Subsidiary ("**Interested Person**") directly or indirectly (i) owns any

interest in any corporation, partnership, proprietorship or other entity which sells to or purchases products or services from Saint Francis or any Saint Francis Controlled Subsidiary, (ii) has any cause of action or claim against Saint Francis or any Saint Francis Controlled Subsidiary, or (iii) holds a beneficial interest in any Contract to which Saint Francis or any Saint Francis Controlled Subsidiary is a party or by which Saint Francis or any Saint Francis Controlled Subsidiary may be bound;

(b) None of Saint Francis or any Saint Francis Controlled Subsidiary is indebted, either directly or indirectly, to any Interested Person in any amount whatsoever, other than current obligations for payments of fees, salaries, bonuses and other fringe benefits for past services rendered; and

(c) No Interested Person is indebted to Saint Francis or any Saint Francis Controlled Subsidiary.

Section 6.21 Environmental Matters.

(a) To the Knowledge of Saint Francis, except as disclosed in the reports described in subsection (e) below, the operations of Saint Francis and the Saint Francis Controlled Subsidiaries are in compliance with all Environmental Laws. To the Knowledge of Saint Francis, neither Saint Francis nor any Saint Francis Controlled Subsidiary has received from any Person in the past 10 years any: (i) Environmental Notice or Environmental Claim; or (ii) written request for information pursuant to Environmental Law, which, in each case, either remains pending or unresolved, or is the source of ongoing obligations or requirements as of the Closing Date.

(b) To Saint Francis' Knowledge, Saint Francis and the Saint Francis Controlled Subsidiaries have obtained and are in material compliance with all material Environmental Permits necessary for the conduct of business of Saint Francis and the Saint Francis Controlled Subsidiaries as currently conducted or the ownership, lease, operation or use of the Saint Francis Assets.

(c) None of the Owned Real Property is listed on, or has been proposed for listing on, the National Priorities List (or CERCLIS) under CERCLA, or any similar state list.

(d) To Saint Francis' Knowledge, there has been no Release of Hazardous Materials in contravention of Environmental Law with respect to the Saint Francis Assets or any Owned Real Property, and neither Saint Francis nor any Saint Francis Controlled Subsidiary has received any Environmental Notice that any of the Saint Francis Assets or Owned Real Property has been contaminated with any Hazardous Material which would reasonably be expected to result in an Environmental Claim against, or a violation of Environmental Law or term of any Environmental Permit by, Saint Francis or a Saint Francis Controlled Subsidiary.

(e) Saint Francis has previously delivered to Trinity Health or made available to Trinity Health any and all material environmental reports with respect to the Saint Francis Assets or any Owned Real Property that are in the possession or control of Saint Francis.

(f) The representations and warranties set forth in this **Section 6.21** are the sole and exclusive representations and warranties of Saint Francis regarding environmental matters.

Section 6.22 Employee Benefit Matters.

(a) **Schedule 6.22(a)** of the Disclosure Schedules includes a complete list of each material "employee benefit plan" (as such term is defined in Section 3(3) of ERISA) and each other material compensatory, pension, retirement, thrift savings, profit-sharing, bonus, stock option, stock purchase, stock ownership, equity, stock appreciation right, restricted stock, "phantom" stock, employee stock ownership, severance, deferred compensation, excess benefit, supplemental retirement, supplemental unemployment, change in control, employment, post-retirement medical or life insurance, welfare, incentive, sick leave, fringe benefit, paid time off, vacation, retention, education/tuition assistance, relocation assistance, disability, medical, hospitalization, life insurance, other insurance or employee benefit plan, program, policy, agreement or arrangement of any kind, whether or not subject to ERISA, whether formal or informal, covering one or more persons, oral or written, that applies to any current or former employees, directors, owners or service providers or their spouses, dependents or beneficiaries or under which any such Person is or may become (assuming any vesting, performance or other benefit requirements are met) entitled to benefit (whether or not contingent) that is maintained, sponsored, contributed to, or required to be maintained or contributed to by Saint Francis or a Saint Francis Controlled Subsidiary, or with respect to which Saint Francis or a Saint Francis Controlled Subsidiary has any present or future liability (as listed in **Schedule 6.22(a)** of the Disclosure Schedules, each, a "**Saint Francis Benefit Plan**"). With respect to each Saint Francis Benefit Plan, except as disclosed on Schedule 6.22(a), Saint Francis has provided to Trinity Health a true, correct and complete copy of the following (where applicable) : (i) each writing constituting a part of such Saint Francis Benefit Plan, including all plan documents and amendments thereto (or, with respect to any unwritten Saint Francis Benefit Plans, accurate descriptions thereof); (ii) any trust agreement, insurance contract, annuity contract, voluntary employees' beneficiary association as defined in Section 501(c)(9) of the Code, or other funding instrument related to such Saint Francis Benefit Plan; (iii) the three most recent annual reports (Forms 5500 series), including all schedules and audited financial statements attached thereto, if any; (iv) the two most recent actuarial reports; (v) the current summary plan description, any summary of material modifications thereto, and any other material employee communications; (vi) any notices to or other material communications with any participants or any Governmental Authority, commission or regulatory body relative to the Saint Francis Benefit Plan in the past three years; (vii) the most recent determination letter or opinion letter issued by the IRS; (viii) all rulings, no-action letters or advisory options from the IRS, U.S. Department of Labor, the Pension Benefit Guarantee Corporation ("**PBGC**"), or any other federal or state authority that pertain to the Saint Francis Benefit Plan and any open requests therefore; and (ix) the Form PBGC-1 filed for each of the three most recent plan years. Except as specifically provided in the foregoing documents provided to Trinity Health, there are no amendments to any Saint Francis Benefit Plan that have been adopted or approved. With respect to the New England Health Care Employees Pension Fund and the New England Health Care Employees Welfare Fund, Saint Francis has provided to Trinity Health a true, correct and complete copy of the collective bargaining agreement pursuant to which Saint Francis contributes to such plans.

(b) Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, each Saint Francis Benefit Plan has been maintained, funded and administered, in all material respects, in accordance with its terms and with all applicable Laws (including ERISA, if applicable, and the Code and the regulations promulgated thereunder) and the terms of all collectively bargaining agreements. Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, each Saint Francis Benefit Plan that is intended to be qualified under Section 401(a) of the Code has been timely amended for all applicable legal requirements in order to maintain such tax-qualified status, is subject to a current favorable determination letter, or may rely upon an opinion or advisory letter, issued by the IRS with respect to such Saint Francis Benefit Plan, and no such favorable determination letter or opinion letter has been revoked (or to the Knowledge of Saint Francis has revocation been threatened) and there are no existing circumstances nor to the Knowledge of Saint Francis have any events occurred since the date of the most recent determination letter or opinion letter that could adversely affect the tax-qualified status of any such Saint Francis Benefit Plan or the related trust or increase the costs relating thereto. Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, with respect to each such Saint Francis Benefit Plan that is not in the form of a volume submitter or prototype plan, the current favorable determination letter evidences compliance with the most recent cumulative list of required amendments applicable to such Saint Francis Benefit Plan, or the Saint Francis Benefit Plan applied for such a favorable determination letter prior to the expiration of the requisite period under the applicable Treasury Regulations or IRS pronouncements, or the Saint Francis Benefit Plan still has a remaining period of time under the applicable Treasury Regulations or IRS pronouncements in which to apply for such letter and to make any amendments necessary to obtain a favorable letter.

(c) Except as set forth in **Schedule 6.22(c)** of the Disclosure Schedules, none of Saint Francis, any Saint Francis Controlled Subsidiary or an ERISA Affiliate of Saint Francis or a Saint Francis Controlled Subsidiary sponsors, maintains or contributes to, or has any obligation to contribute to, or has any liability or potential liability under or with respect to, any "employee pension benefit plan" (as defined in Section 3(2) of ERISA), that is subject to Sections 412 or 4971 of the Code, Section 302 of ERISA or Title IV of ERISA (not including any Multiemployer Plan or Multiple Employer Plan), or otherwise has any liability or potential liability under Title IV of ERISA, except as provided in **Section 6.22(d)**. With respect to each plan listed in **Schedule 6.22(c)** of the Disclosure Schedule, except as set forth in **Schedule 6.22(c)** of the Disclosure Schedule: (i) such plan is not currently, and is not reasonably expected to be, in "at risk status" within the meaning of Section 430(i) of the Code or Section 303(i) of ERISA; (ii) an election has not been made under Section 430(c)(2)(D) of the Code or Section 303(c)(2)(D) of ERISA; (iii) a copy of the most recent Certification of AFTAP has been delivered or made available to Trinity Health; (iv) no reportable event within the meaning of Section 4043(c) of ERISA (for which the disclosure requirements of Regulation Section 4043.1 et seq., promulgated by the PBGC, have not been waived) has occurred since January 1, 2009, and the consummation of the transactions contemplated by this Agreement will not result in the occurrence of any such reportable event; (v) since January 1, 2009, neither Saint Francis, a Saint Francis Controlled Subsidiary nor any of their ERISA Affiliates has incurred any liability under Title IV of ERISA other than for the payment of premiums to the PBGC, all of which have been paid when due; (vi) since January 1, 2009, such plan has not applied for or received a waiver of the minimum funding standards imposed by Section 412 of the Code; (vii) no notice of intent to terminate the

plan has been given under Section 4041 of ERISA; (viii) the PBGC has not instituted proceedings to terminate the plan or to appoint a trustee or administrator of any such plan, and no circumstances exist that constitute grounds under Title IV of ERISA for any such proceeding; (ix) for each year beginning on or after January 1, 2008, Saint Francis, the Saint Francis Controlled Subsidiaries or ERISA Affiliates, as applicable, has made contributions that are not less than the minimum required contribution under Section 430 of the Code; (x) there is no "amount of unfunded benefit liabilities" as defined in Section 4001(a)(18) of ERISA as of the last day of such plan's most recent fiscal year; (xi) there is not now, and there are no existing circumstances that would give rise to, any requirement for the posting of security with respect to the plan under Sections 401(a)(29) and 436(f) of the Code or the imposition of any lien on the assets of Saint Francis or a Saint Francis Controlled Subsidiary or one of their ERISA Affiliates under ERISA or the Code; (xii) neither Saint Francis, a Saint Francis Controlled Subsidiary nor any of their ERISA Affiliates has engaged in any transaction described in Section 4069 of ERISA; (xiii) none of Saint Francis or any Saint Francis Controlled Subsidiary has incurred any liability for any taxes under Section 4971 of the Code; and (xiv) there is no lien pursuant to Sections 303(k) or 4068 of ERISA or Section 430(k) of the Code in favor of, or enforceable by the PBGC or any other entity with respect to any of the assets of Saint Francis or any Saint Francis Controlled Subsidiary. "**ERISA Affiliate**" means, with respect to any entity, trade or business, any other entity, trade or business that is or was at the relevant time a member of a group described in Section 414(b), (c), (m) or (o) of the Code or Section 4001(b)(1) of ERISA that includes or included the first entity, trade or business, or that is a member of the same "controlled group" as the first entity, trade or business pursuant to Section 4001(a)(14) of ERISA. "**Certification of AFTAP**" means the certification of an enrolled actuary meeting the requirements imposed under Treasury Regulations Section 1.436-1 that includes, without limitation, a certification of the applicable Saint Francis Benefit Plan's "adjusted funding target attainment percentage" within the meaning of Section 436(j) of the Code.

(d) Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, none of Saint Francis, any Saint Francis Controlled Subsidiary or an ERISA Affiliate of Saint Francis or a Saint Francis Controlled Subsidiary has at any time sponsored, established, maintained, participated in, contributed to, or been obligated to contribute to, or has any liability or potential liability under or with respect to, any Multiemployer Plan or Multiple Employer Plan. A "**Multiemployer Plan**" has the meaning set forth in in Sections 3(37) and 4001(a) (3) of ERISA. A "**Multiple Employer Plan**" is a plan that has two or more contributing sponsors, at least two of whom are not under common control within the meaning of Section 4063 of ERISA and Section 413(c) of the Code. To the Knowledge of Saint Francis, with respect to each Multiemployer Plan identified pursuant to this **Section 6.22(d)**: (i) neither Saint Francis, a Saint Francis Controlled Subsidiary nor any of their ERISA Affiliates has engaged in any transaction that constitutes a withdrawal under Section 4201 et seq. of ERISA; (ii) if Saint Francis, a Saint Francis Controlled Subsidiary or any of their ERISA Affiliates have incurred any liability or responsibility under Title IV of ERISA, including Withdrawal Liability, or any other provision of ERISA, the Code or any other applicable Law, the liability or responsibility has been satisfied in full and all Withdrawal Liability payments have been duly and timely made; (iii) if Saint Francis, a Saint Francis Controlled Subsidiary or any of their ERISA Affiliates were to experience a withdrawal or partial withdrawal from such Multiemployer Plan, no Withdrawal Liability would be incurred; and (iv) neither Saint Francis, a Saint Francis Controlled Subsidiary nor any of their ERISA Affiliates have received any notification, nor have any reason to believe,

that any such plan is in reorganization, is insolvent, has been terminated, or would be in reorganization, be insolvent or be terminated. "**Withdrawal Liability**" means liability to a Multiemployer Plan as a result of a complete or partial withdrawal from such Multiemployer Plan, as those terms are defined in Part I of Subtitle E of Title IV of ERISA.

(e) Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, no Saint Francis Benefit Plan is a "church plan" as defined in Section 414(e) of the Code and Section 3(33) of ERISA that is a non-electing employee benefit plan under Section 4(b)(2) of ERISA ("**Church Plan**"). There is no pending or, to the Knowledge of Saint Francis, threatened lawsuit, challenge or claim by any Person challenging the "church plan" status and ERISA exemption of any Saint Francis Benefit Plan that is a Church Plan.

(f) Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, with respect to any Saint Francis Benefits Plan that is an employee welfare benefit plan within the meaning of Section 3(1) of ERISA, (i) no such Saint Francis Benefit Plan is funded through a "welfare benefits fund" (as such term is defined in Section 419(e) of the Code), (ii) each such Saint Francis Benefit Plan that is a "group health plan" (as such term is defined in Section 5000(b)(1) of the Code) complies in all material respects with the applicable requirements of COBRA (or any similar state or local Law) and HIPAA (including regulations thereunder) and (iii) each such Saint Francis Benefit Plan complies in all material respects with the applicable provisions of the Patient Protection and Affordable Care Act and the regulations thereunder, and no such plan is grandfathered thereunder. Further, except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date , no Saint Francis Benefit Plan provides and none of Saint Francis, the Saint Francis Controlled Subsidiaries and their ERISA Affiliates maintain, contribute to or have any present or future obligation to make any contribution or payment to, or with respect to, or have any other liability with respect to any plan or other arrangement that provides health, life or other welfare-type benefits following retirement or other termination of employment (other than death benefits when termination occurs upon death) to any Person (or any spouse or other dependent thereof), other than as required under COBRA or any similar state or local Law (and for which COBRA or other continuation coverage the Person, including any spouse or dependent thereof, pays the entire cost of coverage).

(g) Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, or as would not have a Material Adverse Effect, no Saint Francis Benefit Plan exists that could: (i) result in the payment of any money or other property to an employee providing services for Saint Francis or a Saint Francis Controlled Subsidiary; or (ii) provide any additional rights or benefits (including funding of compensation or benefits through a trust or otherwise) to any employee providing services for Saint Francis or a Saint Francis Controlled Subsidiary, in either case as a result of the execution of this Agreement or the consummation of the transaction contemplated hereby (either alone or in conjunction with any other event, including as a result of any termination of employment). Except as disclosed in writing by Saint Francis to Trinity Health on or before the Signature Date, neither the execution of this Agreement nor the consummation of the transaction contemplated hereby will (either solely as a result thereof or as a result of such transaction in conjunction with any other event, including as a result of any termination of employment) result in any "excess parachute payments" within the meaning of Section 280G(b) of the Code being made to any employees of Saint Francis or a Saint Francis Controlled Subsidiary. Further, except as disclosed in writing by Saint Francis to

Trinity Health on or before the Signature Date, neither the negotiation, execution and delivery of this Agreement nor the consummation of the transaction contemplated hereby will (either alone or in conjunction with any other event, including as a result of any termination of employment), except as contemplated pursuant to the terms of this Agreement, result in (iii) the acceleration or creation of any rights of any Person to benefits under any Saint Francis Benefit Plan (including, without limitation, the acceleration of the accrual, vesting, or time of the payment of any benefits under any Saint Francis Benefit Plan) or the acceleration or creation of any rights under any severance, parachute, or change in control agreement; (iv) forgiveness of indebtedness; (v) any limitation on the right of Saint Francis or a Saint Francis Controlled Subsidiary to amend, merge, terminate or receive a reversion of assets from any Saint Francis Benefit Plan or related trust; (vi) the forfeiture of compensation or benefits under any Saint Francis Benefit Plan; (vii) Saint Francis or a Saint Francis Controlled Subsidiary being required to make a contribution to any Saint Francis Benefit Plan; (viii) a conflict with the terms of any Saint Francis Benefit Plan; (ix) any Person becoming entitled to severance or termination pay; (x) the acceleration of the funding (through a grantor trust or otherwise) of compensation or benefits under any Saint Francis Benefit Plan; (xi) any other material obligation pursuant to any Saint Francis Benefit Plan; or (xii) any breach or violation of, or a default under, any Saint Francis Benefit Plan.

(h) To the Knowledge of Saint Francis, there have been no Prohibited Transactions with respect to any Saint Francis Benefit Plan. To the Knowledge of Saint Francis, no fiduciary of any Saint Francis Benefit Plan has any material liability for breach of fiduciary duty or any other failure to act or comply in connection with the administration or investment of the assets of any Saint Francis Benefit Plan. No claim, action, lawsuit, charge, complaint, grievance, audit, proceeding, hearing, investigation or arbitration relating to any Saint Francis Benefit Plan (other than routine claims for benefits) is pending or, to Saint Francis' Knowledge, threatened and, to Saint Francis' Knowledge, no set of circumstances exists that may reasonably give rise to a claim, action, lawsuit, charge, complaint, grievance, audit, proceeding, hearing, investigation or arbitration, relating to a Saint Francis Benefit Plan or against a Saint Francis Benefit Plan or the assets of any of trust under any Saint Francis Benefit Plan.

(i) To the Knowledge of Saint Francis, all contributions (including all employer contributions and employee salary reduction contributions) that are due have been made within the time periods prescribed by ERISA and the Code and the plan's terms to each Saint Francis Benefit Plan that is a retirement type benefit plan and all contributions for any period ending on or before the Closing Date that are not yet due have been made to each such Saint Francis Benefit Plan or accrued. All premiums or other payments for all periods ending on or before the Closing Date have been paid with respect to each Saint Francis Benefit Plan that is a welfare benefit plan or accrued.

(j) There is no matter pending (other than routine filings) with respect to any Saint Francis Benefit Plan before the IRS, Department of Labor, PBGC, or any other Governmental Authority.

(k) To the Knowledge of Saint Francis, each Saint Francis Benefit Plan that is a "nonqualified deferred compensation plan" (as defined for purposes of Section 409A(d)(1) of the Code) has (i) been maintained and operated since January 1, 2005 in good faith compliance with Section 409A of the Code and all applicable IRS guidance promulgated thereunder so as to avoid

any tax, penalty or interest under Section 409A of the Code and, since January 1, 2009, been in documentary and operational compliance with Section 409A of the Code and all applicable IRS guidance promulgated thereunder or (ii) as to any such plan in existence prior to January 1, 2005, not been "materially modified" (within the meaning of IRS Notice 2005-1) at any time after October 3, 2004. No amounts under any such plan have been subject to the interest and additional tax set forth under Code Section 409A(a)(1)(B). To the Knowledge of Saint Francis, neither Saint Francis nor a Saint Francis Controlled Subsidiary has any actual or potential obligation to reimburse or otherwise "gross-up" any Person for the interest or additional tax set forth under Section 409A of the Code, nor has Saint Francis or any Saint Francis Controlled Subsidiary been obligated to report any corrections made with respect to any such Plan to any Governmental Authority.

(l) The representations and warranties set forth in this **Section 6.22** are the sole and exclusive representations and warranties of Saint Francis regarding employee benefit matters.

Section 6.23 Employment Matters.

(a) Except as set forth in **Schedule 6.23** of the Disclosure Schedules, neither Saint Francis nor any Saint Francis Controlled Subsidiary is a party to, bound by, any collective bargaining or other agreement with a labor organization representing any of the employees providing services to Saint Francis or any Saint Francis Controlled Subsidiary. Except as set forth in **Schedule 6.23** of the Disclosure Schedules, during the past five years, there has not been, nor, to Saint Francis' Knowledge, has there been any threat of, any strike, slowdown, work stoppage, lockout, concerted refusal to work overtime or other similar labor activity or dispute affecting any of the employees providing services to Saint Francis or any Saint Francis Controlled Subsidiary.

(b) To the Knowledge of Saint Francis, Saint Francis and the Saint Francis Controlled Subsidiaries are in compliance with all applicable Laws pertaining to employment and employment practices, except to the extent that non-compliance would not have a Material Adverse Effect with respect to Saint Francis.

(c) Copies of all written employment agreements to which Saint Francis or a Saint Francis Controlled Subsidiary is a party have been provided to Trinity Health prior to the Signature Date. Additionally, a written description of all oral employment agreements to which Saint Francis or a Saint Francis Controlled Subsidiary is a party have been provided to Trinity Health prior to the Signature Date.

(d) The representations and warranties set forth in this **Section 6.23** are the sole and exclusive representations and warranties of Saint Francis regarding employment matters.

Section 6.24 Taxes.

(a) Except as set forth in **Schedule 6.24** of the Disclosure Schedules, Saint Francis and each Saint Francis Controlled Subsidiary have each filed (taking into account any valid extensions) all Tax Returns applicable to such party and the applicable party has paid all Taxes shown thereon as owing. Such Tax Returns are true, complete and correct in all respects. Neither Saint Francis nor any Saint Francis Controlled Subsidiary is currently the beneficiary of any

extension of time within which to file any Tax Return other than extensions of time to file Tax Returns obtained in the ordinary course of business. Except as set forth in **Schedule 6.24** of the Disclosure Schedules, to the Knowledge of Saint Francis, Saint Francis and each Saint Francis Controlled Subsidiary have withheld and paid all Taxes required to have been withheld and paid in connection with amounts paid or owing to any employee, independent contractor, creditor, or other third party, and all Internal Revenue Service Forms W-2 and 1099 required with respect thereto have been properly completed and timely filed. There is no material dispute or claim concerning any Tax liability of Saint Francis or any Saint Francis Controlled Subsidiary either claimed or raised in writing by any Governmental Authority that has not been settled or as to which Saint Francis has Knowledge.

(b) Neither Saint Francis nor any Saint Francis Controlled Subsidiary is a "foreign person" as that term is used in Treasury Regulations Section 1.1445-2.

(c) Except for certain representations related to Taxes in **Section 6.22**, the representations and warranties set forth in this **Section 6.24** are the sole and exclusive representations and warranties of Saint Francis regarding Tax matters.

Section 6.25 Insurance. Schedule 6.25 of the Disclosure Schedules sets forth (i) a true and complete list of all current insurance or self-insurance policies of all risk properties, including fire, liability, product liability, errors and omissions, malpractice, workers' compensation, vehicular (often referred to as automobile liability), directors' and officers' liability, employment practices, fiduciary liability and any and all other forms of insurance maintained by or on behalf of Saint Francis or any Saint Francis Controlled Subsidiary to provide insurance protection for the assets and business thereof (collectively, the "**Saint Francis Insurance Policies**"); and (ii) a list of all pending claims and the claims history related to Saint Francis or any Saint Francis Controlled Subsidiary for the ten (10) year period prior to the Signature Date. To the Knowledge of Saint Francis, there are no claims related to Saint Francis or any Saint Francis Controlled Subsidiary under any such Saint Francis Insurance Policies as to which coverage has been questioned, denied or disputed or in respect of which there is an outstanding reservation of rights. During the ten (10) years prior to the date hereof, to the Knowledge of Saint Francis, neither Saint Francis nor any Saint Francis Controlled Subsidiary has received any written notice of cancellation of, premium increase with respect to, or alteration of coverage under, any of such Saint Francis Insurance Policies. All Saint Francis Insurance Policies are in full force and effect and enforceable in accordance with their terms and have not been subject to any lapse in coverage. To the Knowledge of Saint Francis, none of Saint Francis or any Saint Francis Controlled Subsidiary is in default under, or has otherwise failed to comply with, in any material respect, any provision contained in any such Saint Francis Insurance Policies. The Saint Francis Insurance Policies are sufficient for compliance with all applicable Laws and Contracts to which either Saint Francis or any Saint Francis Controlled Subsidiary is a party. True and complete copies of the Saint Francis Insurance Policies have been made available to Trinity Health.

Section 6.26 Medical Staff. The Saint Francis Hospitals have an open medical staff other than with respect to hospital-based service lines where the medical staff has been closed for purposes of granting an exclusive contract or otherwise. Saint Francis has made available to Trinity Health a true and complete copy of medical staff privilege and membership application

forms used by the Saint Francis Hospitals, including a description of medical staff privileges, all current medical staff bylaws, rules and regulations, and amendments thereto, all credentials and appeals procedures not incorporated therein, and copies of all written Contracts between the Saint Francis Hospitals and physicians, physician groups, or other members of its medical staff. Except as previously disclosed by Saint Francis to Trinity Health in writing, there are no pending or, to the Knowledge of Saint Francis, threatened appeals, challenges, disciplinary or corrective actions, or disputes involving applicants, staff members, or health professionals at the Saint Francis Hospitals. To the Knowledge of Saint Francis, no member of the medical staff of the Saint Francis Hospitals (i) is currently excluded, debarred or otherwise ineligible to participate in Government Programs, (ii) has been convicted of a criminal offense related to the provision of health care items or services but has not yet been excluded, debarred or otherwise declared ineligible to participate in the Government Programs, or (iii) is under an investigation that may result in exclusion from participation in the Government Programs.

Section 6.27 Brokers. Except for Kaufman Hall, no broker, finder or investment banker is entitled to any brokerage, finder's or other fee or commission in connection with the transaction contemplated by this Agreement or any other Transaction Document based upon arrangements made by or on behalf of Saint Francis or any Saint Francis Controlled Subsidiary.

Section 6.28 Due Diligence. Saint Francis has provided or caused to be provided to Trinity Health and its Representatives all information and documents regarding the business operations and facilities of Saint Francis and the Saint Francis Controlled Subsidiaries that have been requested by Trinity Health in connection with Trinity Health's due diligence review in connection with the transaction contemplated by this Agreement. In that regard, Saint Francis acknowledges and agrees that the representations and warranties set forth in this Article VI apply with full force and effect regardless of any due diligence investigation conducted by Trinity Health, or its Representatives, prior to the Closing Date.

Section 6.29 Full Disclosure. No representation or warranty by Saint Francis in this Agreement and no statement contained in the Disclosure Schedules to this Agreement or any certificate or other document furnished or to be furnished to Trinity Health by Saint Francis pursuant to this Agreement contains any untrue statement of a material fact, or omits to state a material fact necessary to make the statements contained therein, in light of the circumstances in which they are made, not misleading.

Section 6.30 No Other Representations and Warranties. Except for the representations and warranties contained in this Article VI (including the related portions of the Disclosure Schedules), neither Saint Francis nor any other Person has made or makes any other express or implied representation or warranty, either written or oral, on behalf of Saint Francis.

ARTICLE VII
REPRESENTATIONS AND WARRANTIES OF TRINITY HEALTH

Except as set forth in the Disclosure Schedules or as otherwise set forth below, Trinity Health represents and warrants to Saint Francis that the statements contained in this **Article VII** are true and correct as of the Signature Date and will be true and correct as of the Closing Date

subject to any updates in the Disclosure Schedules delivered by Trinity Health prior to the Closing Date.

Section 7.01 Organization and Corporate Authority. Trinity Health is a nonprofit corporation, duly organized and validly existing in good standing under the laws of the State of Indiana. Trinity Health has all requisite corporate power and corporate authority to enter into this Agreement and the other Transaction Documents to which it will be a party and to perform its obligations hereunder and thereunder.

Section 7.02 Tax-Exempt Status. Trinity Health is exempt from federal income taxation pursuant to Section 501(a) of the Code, as an organization described in Section 501(c)(3) of the Code, and is not a "private foundation" as defined in Section 509(a) of the Code, as evidenced by either a determination letter from the IRS or a listing in the Official Catholic Directory. Trinity Health has not within the past three (3) most recent fiscal years received any written correspondence or notice from any taxing authority that any of its exemptions from Tax have been or may be revoked, modified or under consideration or review. Trinity Health has not taken any action that may cause it to lose its exemption from taxation under Section 501(a) of the Code.

Section 7.03 Authorization and Enforceability of this Agreement. The execution, delivery and performance of this Agreement by Trinity Health (including the execution, delivery and performance of any Transaction Document to which it will be a party) has been duly authorized by all necessary corporate action on the part of Trinity Health. This Agreement has been duly executed and delivered by Trinity Health and constitutes a valid and legally binding obligation of Trinity Health, enforceable against Trinity Health in accordance with its terms, subject to Applicable Exceptions.

Section 7.04 No Conflicts; Consents. The execution, delivery and performance by Trinity Health of this Agreement and the other Transaction Documents to which it is a party, and the consummation of the transaction contemplated hereby and thereby, do not and will not: (a) result in a violation or breach of any provision of the articles of incorporation or bylaws of Trinity Health; (b) conflict with or result in a violation or breach of any provision of any Law or Governmental Order applicable to Trinity Health; or (c) except as set forth in **Schedule 7.04** of the Disclosure Schedules, require the consent, notice or other action by any Person under, conflict with, result in a violation or breach of, constitute a default under or result in the acceleration of any agreement to which Trinity Health is a party, except in the cases of clauses (b) and (c), where the violation, breach, conflict, default, acceleration or failure to give notice would not have a Material Adverse Effect with respect to Trinity Health. No consent, approval, Permit, Governmental Order, declaration or filing with, or notice to, any Governmental Authority is required by or with respect to Trinity Health in connection with the execution and delivery of this Agreement and the other Transaction Documents and the consummation of the transaction contemplated hereby and thereby, except for such filings as set forth in **Schedule 7.04** of the Disclosure Schedules and such consents, approvals, Permits, Governmental Orders, declarations, filings or notices which would not have a Material Adverse Effect with respect to Trinity Health.

Section 7.05 Brokers. Except for Citi Group Global Markets, Inc., no broker, finder or investment banker is entitled to any brokerage, finder's or other fee or commission in connection with the transaction contemplated by this Agreement or any other Transaction Document based upon arrangements made by or on behalf of Trinity Health.

Section 7.06 Legal Proceedings. There are no actions, suits, claims, investigations or other legal proceedings pending or, to Trinity Health's Knowledge, threatened against or by Trinity Health or any Affiliate of Trinity Health that challenge or seek to prevent, enjoin or otherwise delay the transaction contemplated by this Agreement. No event has occurred nor do any circumstances exist that may give rise to, or serve as a basis for, any such action, suit, claim, investigation or other legal proceeding except for such actions, suits, claims, investigations or other legal proceedings that would not, in the aggregate, have a Material Adverse Effect with respect to Trinity Health.

Section 7.07 Financial Statements. Trinity Health has (i) made available the following to Saint Francis: (1) copies of the audited consolidated financial statements for Trinity Health as of June 30, for each of the years 2012, 2013, and 2014, and (2) copies of the audited consolidated financial statements of Catholic Health East as of December 31, for each of the years 2011 and 2012, and (ii) made publicly available unaudited consolidated financial statements of Trinity Health on a quarterly basis following end of its most recent fiscal year (collectively the "**Trinity Health Financial Statements**"). The Trinity Health Financial Statements have been prepared in accordance with GAAP applied on a consistent basis throughout the period involved. The Trinity Health Financial Statements fairly present in all material respects the financial condition of Trinity Health and the Trinity Health Controlled Subsidiaries as of the respective dates they were prepared and the results of the operations of Trinity Health and the Trinity Health Controlled Subsidiaries for the periods indicated.

Section 7.08 Compliance with Laws; Permits.

(a) Except as set forth in **Schedule 7.08(a)** of the Disclosure Schedules, Trinity Health and each Sisters of Providence Subsidiary are in material compliance with all Laws applicable to the business, properties and assets of Trinity Health and the Sisters of Providence Subsidiaries including, without limitation, the False Claims Act (31 U.S.C. § 3729, et seq.), the Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), federal and state anti-kickback statutes (including 42 U.S.C. § 1320a 7b), federal and state referral laws (including 42 U.S.C. §1395nn), criminal false claims statutes (e.g. 18 U.S.C. §§ 287 and 1001), and the Beneficiary Inducement Statute (42 U.S.C. §1320a-7a(a)(5)). Neither Trinity Health nor any Sisters of Providence Subsidiary has received notice of any violation of any such Laws nor, to the Knowledge of Trinity Health, does there exist any facts which would provide a basis for such claims.

(b) All Permits required for Trinity Health and the Sisters of Providence Subsidiaries to conduct their business as currently conducted or for the ownership and use of their assets have been obtained by Trinity Health and the Sisters of Providence Subsidiaries and are valid and in full force and effect, except where the failure to obtain such Permits would not have a Material Adverse Effect with respect to Trinity Health. All fees and charges with respect to such Permits have been paid in full. Trinity Health has disclosed to Saint Francis all current material Permits issued to the Sisters of Providence Subsidiaries which relate to their operations as currently

conducted or the ownership and use of their assets, including the names of the Permits and their respective dates of issuance and expiration. No event has occurred that, with or without notice or lapse of time or both, would reasonably be expected to result in the revocation, suspension, lapse or limitation of any such Permit except such revocations, suspensions, lapses or limitations that would not in the aggregate result in a Material Adverse Effect.

(c) Trinity Health has made available to Saint Francis pursuant to due diligence requests a copy of the most recent state licensing reports and lists of deficiencies, if any, and the most recent fire marshal surveys and list of deficiencies, if any, for the Sisters of Providence Subsidiaries. The Sisters of Providence Subsidiaries are in compliance in all material respects with applicable fire code regulations. The Sisters of Providence Subsidiaries have cured or submitted a plan of correction with respect to the deficiencies noted in any such licensure surveys and fire marshal reports and shall provide documentation that such cures and/or plans of correction have been accepted by the appropriate Governmental Authority as of the Closing Date.

(d) There are no outstanding patient complaints with respect to the Sisters of Providence Subsidiaries which have been substantiated by a Governmental Authority and which have not been cured or are not the subject of a plan of correction accepted by the applicable Governmental Authority, except such complaints as would not in the aggregate result in a Material Adverse Effect. All fines imposed, if any, against the Sisters of Providence Subsidiaries with respect to any patient complaints have been paid in full.

Section 7.09 Medicare Participation/Accreditation

(a) The Sisters of Providence Providers are eligible without restriction for participation in the Government Programs and have current and valid provider contracts with the Government Programs. To the Knowledge of Trinity Health, the Sisters of Providence Providers are each in compliance with the applicable conditions of participation for the Government Programs in all material respects. There is neither pending, nor, to the Knowledge of Trinity Health, threatened, any proceeding or investigation under the Government Programs involving the Sisters of Providence Providers. Trinity Health has made available to Saint Francis true and complete copies of the most recent Government Program survey reports and all plans of correction, if any, which the Sisters of Providence Providers were required to submit in response to such surveys and, except as set forth in **Schedule 7.09(a)** of the Disclosure Schedules, all such plans of correction have been accepted by the applicable Government Program and all have been or are in the process of being implemented.

(b) Each of the Sisters of Providence Providers has timely filed all required Government Program cost reports for all the fiscal years through and including the most current fiscal year. To the Knowledge of Trinity Health, all of such cost reports filed by the Sisters of Providence Providers are complete and correct in all material respects and such cost reports do not claim, and none of the Sisters of Providence Providers have received, reimbursement in excess of the amounts provided by Law or any applicable agreement. True and complete copies of all such cost reports for the three (3) most recent fiscal years of the Sisters of Providence Providers have been furnished to Saint Francis. Except for routine claims for reimbursement made in the ordinary course of business and except as set forth in **Schedule 7.09(b)** of the

Disclosure Schedules, there are no claims, actions or appeals pending before any commission, board or agency, including any fiscal intermediary or carrier, the Provider Reimbursement Review Board or the Administrator of the Centers for Medicare and Medicaid Services, with respect to Government Program claims filed on behalf of the Sisters of Providence Providers.

(c) The billing practices of the Sisters of Providence Providers with respect to all third party payors, including the Government Programs and private insurance companies, have been performed in the ordinary course of business and, to the Knowledge of Trinity Health, are in compliance in all material respects with all applicable Law and billing requirements of such third party payors and Government Programs, and none of the Sisters of Providence Providers have knowingly billed or received any material payment or reimbursement in excess of amounts allowed by Law other than underpayments and overpayments arising in the ordinary course of business.

(d) Mercy Medical Center is duly accredited with no material contingencies by the Joint Commission or by any other accrediting bodies. Trinity Health has made available to Saint Francis each accreditation survey report and deficiency list prepared by the Joint Commission for the past three (3) years and Mercy Medical Center's most recent statement of deficiencies and plan of correction, all of which have been accepted by the accrediting body and have been implemented or are in the process of being implemented.

Section 7.10 Compliance Programs

(a) To the Knowledge of Trinity Health, during the past five (5) years, each of the Sisters of Providence Providers has maintained and adhered in all material respects to a compliance program designed to promote compliance with all Laws and ethical standards, to improve the quality and performance of operations, and to detect, prevent, and address violations of legal or ethical standards applicable to the operations of the Sisters of Providence Providers, as applicable.

(b) Upon hiring employees and regularly thereafter, searches of the Office of Inspector General's List of Excluded Individuals/Entities are performed by Sisters of Providence or its designee to confirm that all employees, independent contractors, consultants, medical staff members, and other Persons providing any services under any Contract with Sisters of Providence or any Sisters of Providence Subsidiary are not, as of the date of such search, excluded, debarred or otherwise ineligible to participate in the Government Programs. Neither Trinity Health, Sisters of Providence, nor any Sisters of Providence Subsidiary has received written notice that (i) any Person providing services under a Contract with Sisters of Providence or any Sisters of Providence Subsidiary or (ii) any employee, contractor, or medical staff member performing services for Sisters of Providence or any Sisters of Providence Subsidiary is charged with or has been convicted of a criminal offense related to the Government Programs, but has not yet been excluded, debarred or otherwise declared ineligible to participate in such programs or is proposed for exclusion therefrom.

(c) Trinity Health has made available to Saint Francis all records, audit reports and logs maintained by or behalf of the Sisters of Providence Providers in connection with their respective compliance programs. Except for matters set forth in such records, audit reports and

logs, or as otherwise disclosed to Saint Francis, to the Knowledge of Trinity Health, there are no actual or potential violations by any of the Sisters of Providence Providers or any of their directors, officers or employees of any Law applicable to the Government Programs for which criminal penalties, civil monetary penalties or exclusion may be authorized.

Section 7.11 Corporate Integrity Agreements. Neither Sisters of Providence nor any Sisters of Providence Subsidiary (i) is a party to a corporate integrity agreement or to a Certification of Compliance Agreement with the Office of the Inspector General of the United States Department of Health and Human Services, (ii) has reporting obligations pursuant to any settlement agreement entered into with any Governmental Authority, (iii) to the Knowledge of Trinity Health, is the subject of any Government Program investigation, (iv) has been a defendant in any qui tam/False Claims Act litigation, (v) to the Knowledge of Trinity Health, has been served with or received any search warrant, subpoena, civil investigation demand, contact letter or telephone or personal contact by or from any Governmental Authority, and (vi) to the Knowledge of Trinity Health, has received any complaints through any compliance "hotlines" from employees, independent contractors, vendors, physicians, or any other Persons that would indicate, based on due inquiry by Trinity Health, that Sisters of Providence or any Sisters of Providence Subsidiary, or any of their directors, officers, or employees has violated any Law which has not been (or are not being) addressed in accordance with the applicable party's compliance program.

Section 7.12 HIPAA. To the Knowledge of Trinity Health, Mercy Medical Center and each other Sisters of Providence Subsidiary that is a "**Covered Entity**" (as defined in HIPAA) is in material compliance with the applicable rules and regulations promulgated under HIPAA pursuant to 45 CFR Parts 160, 162, and 164 (subparts A, D and E) and the changes thereto imposed by HITECH. None of Sisters of Providence or any Sisters of Providence Subsidiary has been the subject of an enforcement action by or resolution agreement with the U.S. Department of Health & Human Services, Office for Civil Rights or any other Governmental Authority related to HIPAA within the past three (3) years. A list of all breach notifications made by Sisters of Providence or a Sisters of Providence Subsidiary pursuant to HIPAA is set forth on **Schedule 7.12**.

Section 7.13 Financial Capacity. Trinity Health currently has the financial capacity to perform all of its obligations under this Agreement without any conditions or contingencies.

Section 7.14 Due Diligence. Trinity Health has provided or caused to be provided to Saint Francis and its Representatives all information and documents regarding the business operations and facilities of Trinity Health, Sisters of Providence and the Sisters of Providence Subsidiaries that have been requested by Saint Francis in connection with Saint Francis's due diligence review in connection with the transaction contemplated by this Agreement. In that regard, Trinity Health acknowledges and agrees that the representations and warranties set forth in this Article VII apply with full force and effect regardless of any due diligence investigation conducted by Saint Francis, or its Representatives, prior to the Closing Date.

Section 7.15 Full Disclosure. No representation or warranty by Trinity Health in this Agreement and no statement contained in the Disclosure Schedules to this Agreement or any certificate or other document furnished or to be furnished to Saint Francis by Trinity Health

pursuant to this Agreement contains any untrue statement of a material fact, or omits to state a material fact necessary to make the statements contained therein, in light of the circumstances in which they are made, not misleading.

Section 7.16 No Other Representations and Warranties. Except for the representations and warranties contained in this Article VII (including the related portions of the Disclosure Schedules), neither Trinity Health nor any other Person has made or makes any other express or implied representation or warranty, either written or oral, on behalf of Trinity Health.

ARTICLE VIII
COVENANTS

Section 8.01 Conduct of Operations Prior to the Effective Date.

(a) From the Signature Date until the Effective Date, except as otherwise provided in this Agreement or consented to in writing by Trinity Health (which consent shall not be unreasonably withheld or delayed), Saint Francis shall, and shall cause the Saint Francis Controlled Subsidiaries to, (i) conduct the business of Saint Francis and the Saint Francis Controlled Subsidiaries in the ordinary course of business; and (ii) use commercially reasonable efforts to maintain and preserve intact the current organization and operations and to preserve the rights and relationships of the employees, physicians, patients, suppliers, regulators and others having relationships with Saint Francis and the Saint Francis Controlled Subsidiaries. Trinity Health agrees that Saint Francis may enter into definitive agreements relating to acquisitions of or strategic affiliations with Johnson Memorial Medical Center, Inc., Johnson Memorial Hospital, Inc. and certain affiliates (collectively, "**Johnson**"), on terms substantially consistent with those previously disclosed in writing by Saint Francis to Trinity Health. Saint Francis will keep Trinity Health apprised of any discussions occurring between the Signature Date and the Effective Date regarding Johnson and any other strategic transactions. Any material change to the Johnson transaction will be subject to Trinity Health's prior written consent, which will not be unreasonably withheld or delayed. Following the Effective Date, Trinity Health will honor and will cause Saint Francis to honor all of Saint Francis's obligations to Johnson under any definitive agreements between Saint Francis and Johnson, so long as such agreements are substantially consistent with those previously disclosed in writing by Saint Francis to Trinity Health.

(b) From the date hereof until the Effective Date, except as consented to in writing by Trinity Health, Saint Francis (i) shall not take any action that would cause any of the changes, events or conditions described in **Section 6.08(a), (b), (c), (o),** or **(q)** to occur, (ii) shall not take any action that would cause any of the changes, events or conditions described in **Section 6.08(d), (e), (h), (i), (k), (m), (n),** or **(p)** to occur without Trinity Health's prior written consent, which will not be unreasonably delayed, and (iii) shall notify Trinity Health of any event or condition described in **Section 6.08(f), (g), (j),** or **(l)**. Saint Francis shall promptly notify Trinity Health of any Material Adverse Effect or any events that, individually or in the aggregate, with or without the lapse of time, could be reasonably expected to result in a Material Adverse Effect.

Section 8.02 Regional Strategy/Structure and Integration Plan. As soon as legally permissible following the Signature Date, the Parties will begin developing the framework for an

integration plan to facilitate a smooth operational and administrative transition to Saint Francis becoming the New RHM and part of Trinity Health. The integration plan will identify and prioritize near-term and long-term integration and planning needs as well as strategic opportunities and operational improvements that could be developed and implemented after the Effective Date.

Section 8.03 Access to Information.

(a) From the date hereof until the Closing, Saint Francis shall (a) afford Trinity Health and its Representatives reasonable access to and the right to inspect all of the Real Property, properties, assets, premises, books and records, Contracts and other documents and data related to Saint Francis and the Saint Francis Controlled Subsidiaries; (b) furnish Trinity Health and its Representatives with such financial, operating and other data and information related to Saint Francis and the Saint Francis Controlled Subsidiaries as Trinity Health or any of its Representatives may reasonably request; and (c) instruct the Representatives of Saint Francis to cooperate with Trinity Health in its investigation of Saint Francis and the Saint Francis Controlled Subsidiaries; provided, however, that any such investigation shall be conducted during normal business hours upon reasonable advance notice to Saint Francis, under the supervision of Saint Francis' personnel and in such a manner as not to interfere with the conduct of the business of Saint Francis and the Saint Francis Controlled Subsidiaries.

(b) From the date hereof until the Closing, Trinity Health shall furnish Saint Francis and its Representatives with such financial, operating and other data and information as is reasonably necessary in the reasonable opinion of Saint Francis to demonstrate Trinity Health's ability to satisfy its obligations under this Agreement.

Section 8.04 Efforts to Consummate. Subject to the terms and conditions of this Agreement, the Parties shall (and shall cause its respective Affiliates to) use commercially reasonable efforts to take all actions and to do all things necessary, proper or advisable to consummate the transaction contemplated by this Agreement as promptly as practicable, including using commercially reasonable efforts to (a) provide all required notices to third parties, (b) make any filing with and obtain any consent, authorization, order or approval of, or any exemption by, any Governmental Authority that is required to be made or obtained in connection with the transaction contemplated by this Agreement, including, without limitation, those required under the HSR Act and obtaining all certificates of need ("**CONs**"), as described below, (c) obtain any church and canonical approvals required in connection with the alienation of property arising from the transaction contemplated by this Agreement, (d) obtain the approval of the Archbishop of Hartford to the transaction contemplated by this Agreement, (e) obtain any consent, waiver, approval or authorization from any other third party required in order to maintain in full force and effect any of the contracts, licenses or other rights of the Saint Francis Providers, including hospital licenses, following the Effective Date, and (f) cause the conditions in Article IX applicable to it to be satisfied at or prior to Closing. Without limiting the foregoing, Trinity Health and Saint Francis shall collaborate on the development and prosecution of a joint CON application to be filed with the State of Connecticut Office of Health Care Access ("**OHCA**") for approval of the transactions contemplated by this Agreement. The parties agree that Trinity Health will prepare the first draft of the CON application, including all documents

and exhibits related thereto, which shall be subject to review by the parties and shall be approved by Trinity Health and Saint Francis before the final CON application is filed with OHCA.

Section 8.05 Updated Financial Statements. Within twenty (20) days following the end of each calendar month ending prior to the Closing Date, Saint Francis will deliver to Trinity Health true and complete copies of the unaudited consolidated financial statements for Saint Francis and the Saint Francis Controlled Subsidiaries, in each case prepared in a manner consistent with the Financial Statements described in **Section 6.06** hereof, and which shall fairly present the financial condition and results of operations of Saint Francis and the Saint Francis Controlled Subsidiaries as of, and for the month ended on, the date thereof and which shall properly reflect all liabilities incurred by Saint Francis and the Saint Francis Controlled Subsidiaries since the date of the Financial Statements described in **Section 6.06**. The last such updated financial statements to be delivered shall be as of and for the month ended on the day prior to the Closing Date. Additionally, Saint Francis shall deliver to Trinity Health a copy of the audited financial statements of Saint Francis and each Saint Francis Controlled Subsidiary for fiscal year ending September 30, 2014, within five (5) days of their completion.

Section 8.06 Employment Matters.

(a) Subject to Trinity Health's due diligence review and further discussions between Trinity Health and Saint Francis between the Signature Date and the Closing Date, (i) all employees of Saint Francis and the Saint Francis Controlled Subsidiaries as of the Effective Date (the "**Saint Francis Employees**") will retain their current employment pursuant to terms and conditions substantially similar to the terms and conditions of such employees' employment immediately prior to the Effective Date, (ii) all current employment policies, commitments and benefit plans of Saint Francis and the Saint Francis Controlled Subsidiaries will remain in effect after the Effective Date until the same are amended, modified, replaced or terminated, and (iii) all collective bargaining agreements or Contracts with any union, works council or labor organization to which Saint Francis or a Saint Francis Controlled Subsidiary is a party will be honored according to their respective terms. The employment of the Saint Francis Employees will continue to be at-will following the Effective Date and Trinity Health, the New RHM or a Saint Francis Controlled Subsidiary shall have the authority to make changes regarding the terms or conditions of employment of the Saint Francis Employees consistent with the business needs of the New RHM.

(b) As soon as reasonably practicable, and consistent with the obligations under applicable collective bargaining agreements in effect at the Effective Date, the Saint Francis Employees shall be provided benefits comparable to those provided to other similarly situated employees of Trinity Health. Service credit will be granted to the Saint Francis Employees under Trinity Health's employee benefit plans or programs including, but not limited to, any retirement, 403(b), 401(k), profit sharing, health and welfare (other than any post-employment health or post-employment welfare plan eligibility unless required by collective bargaining agreement), life, disability, vacation or paid time-off, severance and similar plans of Trinity Health in which the Saint Francis Employees are eligible to participate after the Effective Date for their continuous employment with Saint Francis or a Saint Francis Controlled Subsidiary from their most recent hire date by Saint Francis or a Saint Francis Controlled Subsidiary through the Effective Date for purposes of (i) satisfying any and all eligibility and participation

requirements under such plans; (ii) determining the vested status of the Saint Francis Employees under such plans; and (iii) determining the amount and duration of any benefits under such plans to the extent that service or seniority is a consideration in calculating benefits, but no credit for any service will be required that would result in a duplication of benefits, such as pension or retirement benefits, or an accrual of such a benefit for a period of time prior to the Effective Date. Notwithstanding the foregoing, such service credit will be granted only to the extent service with Trinity Health is recognized under any such plan, program, policy or arrangement, and will not be granted to the extent such treatment would result in duplicative benefits for the same period of service, or to the extent such service is prior to a specific date before which service would not have been credited for employees of Trinity Health. In addition, such service credit will be provided only to the extent that Saint Francis provides to Trinity Health comprehensive and complete records of such prior service that includes the duration of service and the hours worked.

(c) No provision of this **Section 8.06** shall be treated as an amendment to any Saint Francis Benefit Plan or any employee benefit plan, program, policy, arrangement or agreement of Trinity Health. Notwithstanding anything else contained in this **Section 8.06**, the Parties do not intend for this **Section 8.06**, or any term, provision, condition or agreement contained herein, to amend any plans or arrangements or create any rights or obligations except as between the Parties to this Agreement, and no past, present or future director, owner, employee or other service provider (or such Person's spouse, dependent or beneficiary) will be treated as a third-party beneficiary of this Agreement.

Section 8.07 Insurance.

(a) From and after the date hereof through: (i) the end of the statute of limitations period applicable to an insurable claim in the case of a "claims—made" policy, and (ii) the Effective Date for an "occurrence-based" policy, Saint Francis, on behalf of itself and each Saint Francis Controlled Subsidiary, shall at its expense maintain or caused to be maintained in effect policies of insurance (together with evidence of paid premiums with respect to such binders) providing substantially the same coverage as in effect on the date hereof as listed on **Schedule 6.25** which insure potential liability of Saint Francis and the Saint Francis Controlled Subsidiaries arising from the conduct of their business operations for any acts, omissions, events, claims or occurrences arising out of or otherwise related thereto prior to the Effective Date, including, without limitation, any general liability insurance policies. In the event that Saint Francis or an applicable Saint Francis Controlled Subsidiary does not replace or maintain a policy that is a "claims-made" policy, Saint Francis will or cause the applicable Saint Francis Controlled Subsidiary to negotiate an extended reporting period for a period of not less than the end of the applicable statute of limitations period or six (6) years, whichever is greater, following the Effective Date.

(b) Saint Francis shall or shall cause the applicable Saint Francis Controlled Subsidiaries to, as promptly as possible, notify such carriers of any claims affecting such policies.

(c) If any of the policies of insurance described in **Schedule 6.25** are due to expire or renew prior to the Closing Date, Saint Francis will provide the binder of insurance that

demonstrates that the policy terms and conditions have not been changed, and that the full premium has been paid, and Trinity Health shall have the right to review these policies prior to the Closing Date. Additionally, Saint Francis will or cause the applicable Saint Francis Controlled Subsidiary to obtain and provide tail insurance for any policy that is on a claims-made basis and provide Trinity Health with evidence of such tail insurance.

(d) For any and all insurance policies described in **Schedule 6.25** with a provision that may cause a policy to be cancelled or go into automatic "run-off" (e.g., management liability such as directors and officers, fiduciary, employment practices, and cyber) due to a change in control of ownership, Saint Francis will provide evidence that tail, either through endorsement to an existing policy or under a separate policy affording the same terms and conditions that were in place prior to the Closing, has been purchased for a minimum of six (6) years. Such binder and evidence of payment for this tail will be presented to Trinity Health prior to the Closing Date.

Section 8.08 Title and Survey Matters.

(a) Saint Francis has provided Trinity Health copies of the following: (i) First American Title Insurance Company ("**FATIC**") Loan Policy No. CTLe-288816760, issued to U.S. Bank National Association, as Master Trustee, and State of Connecticut Health and Educational Facilities Authority (the "**Original Title Policy**"), (ii) a FATIC Endorsement to the Original Title Policy dated as of September 30, 2010, and (iii) a FATIC Mortgage Modification Endorsement, Same as Survey Endorsement, and Zoning Completed Structure Endorsement to the Original Title Policy, each dated as of January 24, 2014 (collectively, the "**Existing Title Policies**"). Prior to the Closing Date, Saint Francis shall obtain a current title commitment (the "**Title Commitment**") issued by FATIC or another national title insurance company selected by Saint Francis and reasonably acceptable to Trinity Health (the "**Title Company**"), together with legible copies of all exceptions to title referenced therein, with respect to the Owned Real Property listed in **Schedule 8.08(a)** (the "**Insured Real Property**"). The Title Commitment shall contain the express commitment of the Title Company to issue a standard form ALTA Owner's Title Policy (each a "**Title Policy**") to Trinity Health in an amount equal to the allocated value of the Insured Real Property, insuring good and marketable fee simple title to such Insured Real Property with the standard printed exceptions deleted in accordance with **Section 8.08(c)** below. Saint Francis shall promptly upon receipt provide a copy of the Title Commitment and, upon request, each exception document to Trinity Health.

(b) Trinity Health may, at its expense, obtain current as built surveys of any parcels of Insured Real Property (each a "**Survey**"), as it elects. Trinity Health shall promptly upon its receipt furnish a copy of any Survey to Saint Francis and to the Title Company. Trinity Health shall, with respect to each Insured Real Property, have forty-five (45) days after receipt of both the Title Commitment and copies of all documents constituting exceptions to title to such Insured Real Property and the Survey of such Insured Real Property to review such Title Commitment and Survey (each, the "**Review Period**"). If Trinity Health objects to any matters (other than Permitted Encumbrances) in the Title Commitment or Survey of the applicable Insured Real Property, Trinity Health shall notify Saint Francis in writing prior to the expiration of the applicable Review Period. In the event Trinity Health objects to such matters contained in any Title Commitment or Survey, then Saint Francis shall either (i) cure or cause such objections to be cured, or (ii) within fifteen (15) days following Trinity Health's notification to Saint Francis

of its objection regarding such Insured Real Property, inform Trinity Health that it is unwilling or unable to cure some or all of such objections. If Saint Francis is unable or unwilling to cure such matters, then Trinity Health may either (A) consummate the transaction contemplated by this Agreement, in which event such uncured matters to which Trinity Health has objected shall be deemed to constitute Permitted Encumbrances, or (B) terminate this Agreement, but only if the uncured matters have a material adverse effect on (1) the ownership or value of the Insured Real Property, taken as a whole, or (2) the continued use and operation of the Insured Real Property, taken as a whole, following the Closing for the same purposes as used and operated prior to Closing. Notwithstanding the foregoing, the procurement by Saint Francis of affirmative insurance coverage insuring that an exception to title reflected in the Existing Title Policies provided to Trinity Health does not materially interfere with the use or operation of the premises for its intended or current use or operation shall cause such exception to be deemed a Permitted Encumbrance.

(c) On or before the Closing Date, Saint Francis shall, at Trinity Health's option, cause the Title Company to issue a pro forma Title Policy (or marked Title Commitment) for the Insured Real Property. If any such pro forma or marked Title Commitment contains exceptions to title in addition to the Permitted Encumbrances for such Insured Real Property, and such additional exceptions have a material adverse effect on (1) the ownership or value of the Insured Real Property, taken as a whole, or (2) the continued use and operation of the Insured Real Property, taken as a whole, following the Closing for the same purposes as used and operated prior to Closing, then Trinity Health shall have fifteen (15) days after receipt of such pro forma or marked Title Commitment, as applicable, to object in writing to such additional exceptions, and the process set forth in the last two (2) sentences of **Section 8.08(b)** shall be followed with respect to such additional exceptions. The Title Policy, if issued, shall be issued on a standard form ALTA Owner's Title Policy with the standard printed exceptions deleted (other than the standard printed exceptions that can be removed by the Title Company based only upon an accurate survey of the property, unless Trinity Health provides the survey required by the Title Company to remove such standard printed exceptions), providing insurance in an amount equal to the allocated value of the Insured Real Property and shall insure to Trinity Health good and marketable fee simple title to the Insured Real Property subject only to Permitted Encumbrances. At Closing, Saint Francis shall pay the premiums for the Title Policies.

(d) Trinity Health also shall exercise good faith efforts to notify Saint Francis within 45 days of the Signature Date of any objections that it has to related to any exceptions to title reflected in the Existing Title Policies that Saint Francis has made available to Trinity Health as of the Signature Date as part of Trinity Health's due diligence review.

Section 8.09 Transfer Taxes. All transfer or similar taxes (including any penalties and interest) incurred in connection with the transfer of the Owned Real Property pursuant to this Agreement, if any, and the other Transaction Documents shall be borne and paid by Saint Francis when due. All recording fees in connection with causing title to the Owned Real Property to be in the condition required by this Agreement shall be borne and paid by Saint Francis when due.

Section 8.10 Public Announcements. Unless otherwise required by applicable Law (based upon the reasonable advice of counsel), no Party to this Agreement shall make any public

announcements in respect of this Agreement or the transaction contemplated hereby or otherwise communicate with any news media without the prior written consent of the other Party (which consent shall not be unreasonably withheld or delayed), and the Parties shall cooperate as to the timing and contents of any such announcement.

Section 8.11 Confidentiality.

(a) "**Confidential Information**" means all confidential and proprietary information, including data, documents, agreements, files and other materials, whether disclosed orally or disclosed or accessed in written, electronic or other form or media, and whether or not marked, designated or otherwise identified as "confidential," which is obtained from or disclosed by either Party (a "**Disclosing Party**") or its Representatives to the other Party (a "**Recipient**") and its Representatives in connection with this Agreement and the transaction contemplated by this Agreement. The term Confidential Information includes, without limitation, all Confidential Information, as such term is defined in the Confidentiality Agreement, exchanged between the Parties pursuant to the Confidentiality Agreement. The term "**Confidential Information**" does not include information that: (i) at the time of disclosure or thereafter is generally available to and known by the public (other than as a result of its disclosure directly or indirectly by the Recipient or its Representatives in violation of this Agreement); (ii) was available to the Recipient from a source other than the Disclosing Party or its Representatives, provided that such source, to the Recipient's knowledge after reasonable inquiry, is not and was not bound by a confidentiality agreement with the Disclosing Party; or (iii) has been independently acquired or developed by the Recipient without violating any of its obligations under this Agreement or the Confidentiality Agreement.

(b) The Recipient shall keep the Confidential Information strictly confidential and shall not use the Confidential Information for any purpose other than to consummate the transaction contemplated by this Agreement. The Recipient shall not disclose or permit its Representatives to disclose any Confidential Information except: (i) as permitted by this Agreement, (ii) if required by Law, but only in accordance with **Section 8.11(d)**, or (iii) to its Representatives, to the extent necessary to permit such Representatives to assist the Recipient in consummating the transaction contemplated by this Agreement; provided, that the Recipient shall require each such Representative to be bound by the terms of this Agreement to the same extent as if they were parties hereto and the Recipient shall be responsible for any breach of this Agreement by any of its Representatives.

(c) Except for such disclosure as is necessary not to be in violation of any applicable Law, Governmental Order or other similar requirement of any Governmental Authority, or except as otherwise permitted by this Agreement, the Recipient shall not, and shall not permit any of its Representatives to, without the prior written consent of the Disclosing Party, disclose to any person: (i) the fact that the Confidential Information has been made available to it or that it has received or inspected any portion of the Confidential Information, (ii) the existence or contents of this Agreement, (iii) the fact that investigations, discussions or negotiations are taking or have taken place concerning the transaction contemplated by this Agreement, including the status thereof, or (iv) any terms, conditions or other matters relating to the transaction contemplated by this Agreement.

(d) If the Recipient or any of its Representatives is required, in the written opinion of the Recipient's counsel, to disclose any Confidential Information by Law, the Recipient shall (i) take all reasonable steps to preserve the privileged nature and confidentiality of the Confidential Information, including requesting that the Confidential Information not be disclosed to non-Parties or the public; (ii) give the Disclosing Party prompt prior written notice of such request or requirement so that the Disclosing Party may seek, at its sole cost and expense, an appropriate protective order or other remedy; and (iii) cooperate with the Disclosing Party, at the Disclosing Party's sole cost and expense, to obtain such protective order. In the event that such protective order or other remedy is not obtained, the Recipient (or such other persons to whom such request is directed) will furnish only that portion of the Confidential Information which, on the advice of the Recipient's counsel, is legally required to be disclosed and, upon the Disclosing Party's request, use its best efforts to obtain assurances that confidential treatment will be accorded to such information.

(e) Following the termination of this Agreement, both Parties will, as soon as reasonably practicable, (i) return or destroy or cause to be returned or destroyed all documents or other materials furnished by one Party to the other constituting Confidential Information, together with all copies and summaries thereof in the possession or under control of the Recipient or its Representatives, and (ii) destroy materials generated by the Recipient and its Representatives that include or refer to any part of Confidential Information in the possession or control of the Recipient or its Representatives. Notwithstanding the above, both Parties may retain one (1) copy of the Confidential Information and related summaries and analyses in their secure files solely for retention purposes. The Recipient and its Representatives shall continue to be bound by their obligations of confidentiality and other obligations hereunder.

(f) To the extent that any Confidential Information includes materials subject to the attorney-client privilege, none of the Company or the Disclosing Party is waiving, and shall not be deemed to have waived or diminished, its attorney work-product protections, attorney-client privileges or similar protections and privileges as a result of disclosing any Confidential Information (including Confidential Information related to pending or threatened litigation) to the Recipient or any of its Representatives.

(g) This Agreement sets forth the entire agreement regarding the Confidential Information, and supersedes the Confidentiality Agreement, which is hereby terminated in its entirety. If this Agreement is, for any reason, terminated prior to the Closing, the provisions of this **Section 8.11** shall nonetheless continue in full force and effect.

Section 8.12 Updated Disclosure Schedules. Not later than ten (10) business days prior to the Closing Date, Saint Francis and Trinity Health shall disclose to each other in writing any updates, supplements, or modifications to the Disclosure Schedules for which they are responsible for under this Agreement such that the Disclosure Schedules are current through that date. Saint Francis and Trinity Health shall further update such Disclosure Schedules so that they are current through the Closing Date and are reasonably acceptable to Trinity Health and Saint Francis, as applicable.

Section 8.13 Further Assurances. Following the Closing, each of the Parties hereto shall, and shall cause their respective Affiliates to, execute and deliver such additional

documents, instruments, conveyances and assurances and take such further actions as may be reasonably required to carry out the provisions hereof and give effect to the transaction contemplated by this Agreement and the other Transaction Documents.

ARTICLE IX
CONDITIONS TO CLOSING

Section 9.01 Conditions to Obligations of Trinity Health. The obligations of Trinity Health to consummate the transaction contemplated by this Agreement shall be subject to the fulfillment or Trinity Health's waiver, at or prior to the Closing, of each of the following conditions:

(a) The representations and warranties set forth in **Article VI** are true, accurate and complete in all material respects as of the Closing Date; provided, however, that any representation containing a materiality limitation must be true, accurate and complete in all respects as of the Closing Date;

(b) All of the covenants and obligations that Saint Francis is required to perform or to comply with pursuant to this Agreement at or prior to the Closing Date must have been duly performed and complied with in all material respects;

(c) From the Signature Date, there shall not have occurred any Material Adverse Effect with respect to Saint Francis, nor shall any event or events have occurred that, individually or in the aggregate, with or without the lapse of time, could be reasonably expected to result in a Material Adverse Effect with respect to Saint Francis;

(d) Saint Francis shall have executed and delivered to Trinity Health all of the documents, agreements, certificates and deliverables required to be executed or delivered by Saint Francis pursuant to **Section 5.02**;

(e) All corporate approvals necessary to effectuate this Agreement and the transaction contemplated by this Agreement have been obtained by Saint Francis;

(f) No action or proceeding before a court or any other governmental agency or body shall have been instituted or threatened to restrain or prohibit the transaction contemplated by this Agreement, and no Governmental Authority shall have taken any other action or made any request of either Trinity Health or Saint Francis as a result of which Trinity Health reasonably and in good faith deems it inadvisable to proceed with the transaction;

(g) Neither Saint Francis nor any Saint Francis Controlled Subsidiary shall (i) be in receivership or dissolution, (ii) have made any assignment for the benefit of creditors, (iii) have admitted inability to pay debts as they mature, (iv) have been adjudicated insolvent or bankrupt, or (v) have filed a petition in voluntary bankruptcy, a petition or answer seeking reorganization, or an arrangement with creditors under the federal bankruptcy Law or any other similar Law or statute of the United States or any state, nor shall any such petition have been filed against Saint Francis or any Saint Francis Controlled Subsidiary;

(h) The filings of the Parties pursuant to the HSR Act, if any, shall have been made and the applicable waiting period and any extensions thereof shall have expired or been terminated;

(i) All material consents, waivers and estoppels of any third parties or Government Authorities which are reasonably necessary, in the opinion of Trinity Health, to effectively complete the transaction contemplated by this Agreement or to operate Saint Francis and the Saint Francis Controlled Subsidiaries in the ordinary course of business subsequent to the Closing Date, including all CONs, shall have been obtained or otherwise mutually addressed by Trinity Health and Saint Francis pursuant to a separate agreement;

(j) Trinity Health and Saint Francis shall have received documentation, assurances, or other satisfactory evidence from all Governmental Authorities that, upon the Effective Date, all Permits required by Law to operate the licensed components of Saint Francis and the Saint Francis Controlled Subsidiaries will have been received by Trinity Health or will continue without interruption in the name of Trinity Health or in the names in which the licenses are currently issued without further action on the part of Trinity Health;

(k) Trinity Health shall have received documentation, assurances, or other satisfactory evidence that the Medicare and Medicaid certifications of the Saint Francis Providers will continue without interruption as of and after the Effective Date and that the facilities and operations of Saint Francis and the Saint Francis Controlled Subsidiaries that are providers in the Government Programs as of the Signature Date shall continue to participate as providers in and be eligible to continue to receive reimbursement from the Government Programs as of and after the Effective Date;

(l) All canonical approvals for Saint Francis to consummate the transaction contemplated by this Agreement shall have been received; and

(m) Saint Francis shall have furnished Trinity Health with:

(i) complete and accurate copies of the Disclosure Schedules for which Saint Francis is responsible under this Agreement current as of the Closing Date that are reasonably acceptable to Trinity Health; provided, however, (1) Trinity Health shall exercise good faith efforts to notify Saint Francis of any objections to the Disclosure Schedules provided as of the Signature Date by Saint Francis to Trinity Health, and (2) all such Disclosure Schedules and any new Disclosure Schedules or updates to the Disclosure Schedules shall be deemed reasonably acceptable to Trinity Health unless one or more matters disclosed on such Disclosure Schedules constitutes a Material Adverse Effect;

(ii) custody of the corporate record book and all records of Saint Francis and the Saint Francis Controlled Subsidiaries;

(iii) custody of all Contracts of Saint Francis and the Saint Francis Controlled Subsidiaries;

(iv) custody of all keys, security codes and entry cards, and other items of information necessary to gain access to and occupy the Real Property in the normal course;

(v) certificates signed by the authorized officers of the Saint Francis, reasonably satisfactory in form and substance to Trinity Health, certifying that (a) each covenant and agreement to be performed by Saint Francis prior to or as of the Closing Date has been performed, and (b) as of the Closing Date, all of the representations and warranties by or on behalf of the Saint Francis contained in this Agreement are true, accurate and complete in all material respects, subject to the qualification set forth in subsection (a) above; and

(vi) such other customary instruments of transfer, assumption, filings or documents, in form and substance reasonably satisfactory to Trinity Health, as may be required to give effect to this Agreement.

Section 9.02 Conditions Precedent to Obligations of Saint Francis. The obligations of Saint Francis to consummate the transaction contemplated by this Agreement shall be subject to the fulfillment or Saint Francis' waiver, at or prior to the Closing, of each of the following conditions:

(a) The representations and warranties set forth in **Article VII** are true, accurate and complete in all material respects as of the Closing Date; provided, however, that any representation containing a materiality limitation must be true, accurate and complete in all respects as of the Closing Date;

(b) All of the covenants and obligations that Trinity Health is required to perform or to comply with pursuant to this Agreement at or prior to the Closing Date must have been duly performed and complied with in all material respects;

(c) From the Signature Date, there shall not have occurred any Material Adverse Effect with respect to Trinity Health, nor shall any event or events have occurred that, individually or in the aggregate, with or without the lapse of time, could be reasonably expected to result in a Material Adverse Effect with respect to Trinity Health;

(d) Trinity Health shall have executed and delivered to Saint Francis all of the documents, agreements, certificates and deliverables required to be executed or delivered by Trinity Health pursuant to **Section 5.02**;

(e) All corporate approvals necessary to effectuate this Agreement and the transaction contemplated by this Agreement have been obtained by Trinity Health;

(f) No action or proceeding before a court or any other governmental agency or body shall have been instituted or threatened to restrain or prohibit the transaction contemplated by this Agreement, and no Governmental Authority shall have taken any other action or made any request of either Trinity Health or Saint Francis as a result of which Saint Francis reasonably and in good faith deems it inadvisable to proceed with the transaction;

(g) Trinity Health shall not (i) be in receivership or dissolution, (ii) have made any assignment for the benefit of creditors, (iii) have admitted inability to pay debts as they mature, (iv) have been adjudicated insolvent or bankrupt, or (v) have filed a petition in voluntary bankruptcy, a petition or answer seeking reorganization, or an arrangement with creditors under

the federal bankruptcy Law or any other similar Law or statute of the United States or any state, nor shall any such petition have been filed against Trinity Health;

(h) The filings of the Parties pursuant to the HSR Act, if any, shall have been made and the applicable waiting period and any extensions thereof shall have expired or been terminated;

(i) All material consents, waivers and estoppels of any third parties which are reasonably necessary, in the opinion of Saint Francis, to effectively complete the transaction contemplated by this Agreement, including without limitation all CONs and other required approvals of Governmental Authorities, shall have been obtained by Trinity Health;

(j) Trinity Health and Saint Francis shall have received documentation, assurances, or other satisfactory evidence from all Governmental Authorities that, upon the Effective Date, all Permits required by Law to operate the licensed components of Saint Francis and the Saint Francis Controlled Subsidiaries will have been received by Trinity Health or will continue without interruption in the name of Trinity Health or in the names in which the licenses are currently issued without further action on the part of Trinity Health;

(k) All canonical approvals for Saint Francis to consummate the transaction contemplated by this Agreement shall have been received;

(l) The Dadlez Employment Agreement shall have been fully executed and delivered; and

(m) Trinity Health shall have furnished Saint Francis with:

(i) complete and accurate copies of the Disclosure Schedules for which Trinity Health is responsible under this Agreement current as of the Closing Date; provided, however, (1) Saint Francis shall exercise good faith efforts to notify Trinity Health of any objections to the Disclosure Schedules provided as of the Signature Date by Trinity Health to Saint Francis, and (2) all such Disclosure Schedules and any new Disclosure Schedules or updates to the Disclosure Schedules shall be deemed reasonably acceptable to Saint Francis unless one or more matters disclosed on such Disclosure Schedules constitutes a Material Adverse Effect;

(ii) certificates signed by an authorized officer of Trinity Health, reasonably satisfactory in form and substance to Saint Francis, certifying that (a) each covenant and agreement to be performed by Trinity Health prior to or as of the Closing Date has been performed, and (b) as of the Closing Date, all of the representations and warranties by or on behalf of Trinity Health contained in this Agreement are true, accurate and complete in all material respects, subject to the qualification set forth in subsection (a) above; and

(iii) such other customary instruments of transfer, assumption, filings or documents, in form and substance reasonably satisfactory to Saint Francis, as may be required to give effect to this Agreement.

ARTICLE X
TERMINATION

Section 10.01 Termination. This Agreement may be terminated at any time prior to the Closing:

(a) by the mutual written consent of Saint Francis and Trinity Health;

(b) by Trinity Health by written notice to Saint Francis if:

(i) Trinity Health is not then in material breach of any provision of this Agreement and there has been a material breach, inaccuracy in or failure to perform any representation, warranty, covenant or agreement made by Saint Francis pursuant to this Agreement that would give rise to the failure of any of the conditions specified in **Article IX** and such breach, inaccuracy or failure cannot be cured by Saint Francis by March 31, 2016; or

(ii) any of the material conditions set forth in **Section 9.01** shall not have been fulfilled by March 31, 2016, unless such failure shall be due to the failure of Trinity Health to perform or comply with any of the covenants, agreements or conditions hereof to be performed or complied with by it prior to the Closing;

(c) by Saint Francis by written notice to Trinity Health if:

(i) Saint Francis is not then in material breach of any provision of this Agreement and there has been a material breach, inaccuracy in or failure to perform any representation, warranty, covenant or agreement made by Trinity Health pursuant to this Agreement that would give rise to the failure of any of the conditions specified in **Article IX** and such breach, inaccuracy or failure cannot be cured by Trinity Health by March 31, 2016; or

(ii) any of the conditions set forth in **Section 9.02** shall not have been fulfilled by March 31, 2016, unless such failure shall be due to the failure of Saint Francis to perform or comply with any of the covenants, agreements or conditions hereof to be performed or complied with by it prior to the Closing; or

(d) by Trinity Health or Saint Francis in the event that:

(i) there shall be any Law that makes consummation of the transaction contemplated by this Agreement illegal or otherwise prohibited; or

(ii) any Governmental Authority shall have issued a Governmental Order restraining or enjoining the transaction contemplated by this Agreement, and such Governmental Order shall have become final and non-appealable.

Section 10.02 Effect of Termination. In the event of the termination of this Agreement in accordance with this Article, this Agreement shall forthwith become void and there shall be no liability on the part of any Party hereto except:

(a) as set forth in this **Article X**, **Section 8.11** and **Article XI** hereof; and

(b) that nothing herein shall relieve any Party hereto from liability for any breach of any provision hereof.

ARTICLE XI
MISCELLANEOUS

Section 11.01 Survival. None of the representations and warranties contained herein shall survive the Closing, except for any instances of fraud or intentional misrepresentation. None of the covenants or other agreements contained in this Agreement shall survive the Effective Date other than those which by their terms contemplate performance after the Effective Date, and each such surviving covenant and agreement shall survive the Effective Date for the period contemplated by its terms. Notwithstanding the foregoing, any claims asserted in good faith with reasonable specificity (to the extent known at such time) and in writing by notice from the non-breaching Party to the breaching Party prior to the expiration date of the applicable survival period shall not thereafter be barred by the expiration of such survival period and such claims shall survive until finally resolved.

Section 11.02 Expenses. Except as otherwise expressly provided herein (including **Section 8.09** hereof), all costs and expenses, including, without limitation, fees and disbursements of counsel, financial advisors and accountants, incurred in connection with this Agreement and the transaction contemplated hereby shall be paid by the Party incurring such costs and expenses, whether or not the Closing shall have occurred. Notwithstanding the foregoing, Saint Francis and Trinity Health agree to split equally the filing fees incurred by Saint Francis and Trinity Health in connection with (i) any filings or submissions under the HSR Act; (ii) obtaining all CONs necessary to transfer ownership of the Saint Francis Providers, and (iii) obtaining all Permits required by Law to operate the licensed components of Saint Francis and the Saint Francis Controlled Subsidiaries following the Effective Date.

Section 11.03 Notices. All notices, requests, consents, claims, demands, waivers and other communications hereunder shall be in writing and shall be deemed to have been given (a) when delivered by hand (with written confirmation of receipt); (b) when received by the addressee if sent by a nationally recognized overnight courier (receipt requested); (c) on the date sent by facsimile or e-mail of a PDF document (with confirmation of transmission) if sent during normal business hours of the recipient, and on the next business day if sent after normal business hours of the recipient or (d) on the third day after the date mailed, by certified or registered mail, return receipt requested, postage prepaid. Such communications must be sent to the respective Parties at the following addresses (or at such other address for a Party as shall be specified in a notice given in accordance with this **Section 11.03**):

If to Trinity Health:
President and CEO
Trinity Health
20555 Victor Parkway
Livonia, MI 48152

If to Saint Francis:
Saint Francis Care, Inc.
114 Woodland Street
Hartford, Connecticut 06105
Attn: President & Chief Executive Officer

With a copy to:
General Counsel
Trinity Health
20555 Victor Pkwy
Livonia, MI 48152

With a copy to:
Thomas S. Marrion
Hinckley, Allen & Snyder LLP
20 Church Street
Hartford, Connecticut 06103

Section 11.04 Interpretation. For purposes of this Agreement, (a) the words "include," "includes" and "including" shall be deemed to be followed by the words "without limitation"; (b) the word "or" is not exclusive; and (c) the words "herein," "hereof," "hereby," "hereto" and "hereunder" refer to this Agreement as a whole. Unless the context otherwise requires, references herein: (a) to Articles, Sections, Disclosure Schedules and Exhibits mean the Articles and Sections of, and Disclosure Schedules and Exhibits attached to, this Agreement; (b) to an agreement, instrument or other document means such agreement, instrument or other document as amended, supplemented and modified from time to time to the extent permitted by the provisions thereof and (c) to a statute means such statute as amended from time to time and includes any successor legislation thereto and any regulations promulgated thereunder. This Agreement shall be construed without regard to any presumption or rule requiring construction or interpretation against the Party drafting an instrument or causing any instrument to be drafted. The Disclosure Schedules and Exhibits referred to herein shall be construed with, and as an integral part of, this Agreement to the same extent as if they were set forth verbatim herein.

Section 11.05 Headings. The headings in this Agreement are for reference only and shall not affect the interpretation of this Agreement.

Section 11.06 Severability. If any term or provision of this Agreement is invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. Upon such determination that any term or other provision is invalid, illegal or unenforceable, the Parties hereto shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Parties as closely as possible in a mutually acceptable manner in order that the transaction contemplated hereby be consummated as originally contemplated to the greatest extent possible.

Section 11.07 Entire Agreement. This Agreement and the other Transaction Documents constitute the sole and entire agreement of the Parties to this Agreement with respect to the subject matter contained herein and therein, and supersede all prior and contemporaneous representations, warranties, understandings and agreements, both written and oral, with respect to such subject matter. In the event of any inconsistency between the statements in the body of this Agreement and those in the other Transaction Documents, the Exhibits and Disclosure Schedules (other than an exception expressly set forth as such in the Disclosure Schedules), the statements in the body of this Agreement will control.

Section 11.08 Successors and Assigns. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective successors and permitted assigns. No Party may assign its rights or obligations hereunder without the prior written consent of the other Parties, which consent shall not be unreasonably withheld or delayed. No assignment shall relieve the assigning Party of any of its obligations hereunder.

Section 11.09 No Third Party Beneficiaries. This Agreement is for the sole benefit of the Parties hereto and their respective successors and permitted assigns and nothing herein, express or implied, is intended to or shall confer upon any other Person or entity any legal or equitable right, benefit or remedy of any nature whatsoever under or by reason of this Agreement.

Section 11.10 Amendment and Modification; Waiver. This Agreement may only be amended, modified or supplemented by an agreement in writing signed by each Party hereto. No waiver by any Party of any of the provisions hereof shall be effective unless explicitly set forth in writing and signed by the Party so waiving. No waiver by any Party shall operate or be construed as a waiver in respect of any failure, breach or default not expressly identified by such written waiver, whether of a similar or different character, and whether occurring before or after that waiver. No failure to exercise, or delay in exercising, any right, remedy, power or privilege arising from this Agreement shall operate or be construed as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege.

Section 11.11 Governing Law; Submission to Jurisdiction. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Connecticut without giving effect to any choice or conflict of Law provision or rule (whether of the State of Connecticut or any other jurisdiction) that would cause the application of Laws of any jurisdiction other than those of the State of Connecticut. The Parties to this Agreement irrevocably agree and consent to the exclusive jurisdiction of the courts of the State of Connecticut and the federal courts of the United States, sitting in the State of Connecticut for the adjudication of any matters arising under or in connection with this Agreement.

Section 11.12 Specific Performance. The Parties agree that irreparable damage would occur if any provision of this Agreement were not performed in accordance with the terms hereof and that the Parties shall be entitled to specific performance of the terms hereof, in addition to any other remedy to which they are entitled at Law or in equity.

Section 11.13 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties hereto has caused this Agreement to be executed as of the Signature Date.

SAINT FRANCIS CARE, INC.

By: _____

Name: Christopher M. Dadlez

Title: President and Chief Executive Officer

TRINITY HEALTH CORPORATION

By: _____

Name: Richard J. Gilfillan, M.D.

Title: President and Chief Executive Officer

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties hereto has caused this Agreement to be executed as of the Signature Date.

SAINT FRANCIS CARE, INC.

By: _____

Name: Christopher M. Dadlez

Title: President and Chief Executive Officer

TRINITY HEALTH CORPORATION

By: _____

Name: Richard J. Gilfillan, M.D.

Title: President and Chief Executive Officer

EXHIBITS

Exhibit A..... Saint Francis Exempt Subsidiaries

Exhibit B..... Saint Francis Controlled Subsidiaries

Exhibit C..... Trinity Health System Authority Matrix

Exhibit D..... Saint Francis Amended and Restated Certificate of Incorporation and Amended and Restated Bylaws

Exhibit E..... Saint Francis Controlled Subsidiaries' Amended and Restated Certificate of Incorporation and Amended and Restated Bylaws

DISCLOSURE SCHEDULES

Schedule 1A	Knowledge of Saint Francis
Schedule 1B	Knowledge of Trinity Health
Schedule 3.02	Board of Directors and Officers of New RHM
Schedule 6.04	Conflicts/Consents
Schedule 6.05	Organizational Chart
Schedule 6.08	Absence of Certain Changes, Events and Conditions
Schedule 6.09(a)	Contracts of Saint Francis and the Saint Francis Controlled Subsidiaries
Schedule 6.09(c)	Material Contracts
Schedule 6.10	Permitted Encumbrances
Schedule 6.12(a)	Owned Real Property/Encumbrances
Schedule 6.12(b)	Leased Real Property
Schedule 6.14(a)	Legal Proceedings
Schedule 6.14(b)	Governmental Orders, Judgments, Penalties, Awards
Schedule 6.15(a)	Compliance With Laws/Permits
Schedule 6.16(a)	Government Program Survey Reports
Schedule 6.16(b)	Reimbursement Claims
Schedule 6.16(d)	Accreditation Survey Report and Deficiency List
Schedule 6.19	Breach Notifications
Schedule 6.22(a)	Employee Benefit Plans
Schedule 6.22(c)	Employee Pension Benefit Plans
Schedule 6.23	Collective Bargaining Agreements; Threats of Strike, Slowdown, etc.
Schedule 6.24	Tax Returns, Tax Payments
Schedule 6.25	Insurance Policies
Schedule 7.04	Conflicts/Consents
Schedule 7.08(a)	Compliance with Laws
Schedule 7.09(a)	Government Program Survey Reports
Schedule 7.09(b)	Reimbursement Claims
Schedule 7.12	Breach Notification
Schedule 8.08(a)	Owned Real Property

ASSIGNMENT AND ASSUMPTON OF MEMBERSHIP INTEREST OF SAINT FRANCIS *CARE*, INC.

For the consideration set forth in that certain Membership Transfer Agreement dated December 17, 2014, by and between Trinity Health Corporation, an Indiana nonprofit corporation ("**Assignee**"), and Saint Francis *Care*, Inc., a Connecticut non-stock corporation ("**Saint Francis**"), on behalf of itself and its wholly owned or controlled subsidiaries, the adequacy and receipt of which is hereby acknowledged, the Most Reverend Leonard P. Blair, S.T.D., Archbishop of Hartford ("**Assignor**"), being the sole member of Saint Francis, hereby assigns and conveys all of the Assignor's right, title and interest in and to one hundred percent (100%) of the membership interest in Saint Francis (the "**Membership Interest**") to Assignee. Assignee hereby accepts the assignment and conveyance of all of Assignor's right, title and interest in and to the Membership Interest. Assignee is hereby admitted as the sole member of Saint Francis.

Assignor and Assignee shall execute and deliver to each other or any other necessary party any such other documents that may be necessary or desirable to effectuate this assignment. Capitalized terms not otherwise defined herein shall have the meanings given to such terms in the Membership Transfer Agreement.

This agreement may be executed in counterparts, each of which shall be deemed an original and together shall constitute one agreement with the same effect as if the parties had signed the same signature page.

Signatures on the Following Page

IN WITNESS WHEREOF, Assignor and Assignee execute and deliver this Assignment and Assumption of Membership Interest of Saint Francis *Care*, Inc. as of the Effective Date.

ASSIGNOR:

+ Leonard P. Blair

Most Reverend Leonard P. Blair, S.T.D.
Archbishop of Hartford

ASSIGNEE:
TRINITY HEALTH CORPORATION

By: _____
Name: Richard J. Gilfillan, M.D.
Title: President and Chief Executive Officer

IN WITNESS WHEREOF, Assignor and Assignee execute and deliver this Assignment and Assumption of Membership Interest of Saint Francis *Care*, Inc. as of the Effective Date.

ASSIGNOR:

_____

Most Reverend Leonard P. Blair, S.T.D.
Archbishop of Hartford

ASSIGNEE:
TRINITY HEALTH CORPORATION

By: _____

Name: Richard J. Gilfillan, M.D.
Title: President and Chief Executive Officer

The Official Catholic Directory®

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In preparation for the 2015 Edition of The Official Catholic Directory, please fill out the form below to ensure your tax-exempt status.

Institution Code: (HRT-3499)

Please sign and return by September 29, 2014 to the address below:

Saint Francis Hospital and Medical Center
Attn: Christopher M. Dadlez
114 Woodland St.
Hartford, CT 06105-1299

Archdiocese of Hartford
Attn: Rev. Msgr. John McCarthy, Chancellor
134 Farmington Ave.
Hartford, CT 06105-3784

Please make changes to your questionnaire mailing address here. All other addresses should be updated where listed below. Please note that the mailing address cannot be outside the diocesan boundaries.

Please provide contact/attention name, if applicable. Attention: _____

Important: Please review all information and print clearly. Cross out any data that is no longer valid. If adding new people please include their full name, religious order initials, ordination year, position held (e.g. Admin., Prin., Exec., Dean, etc.) and Person ID numbers when available (for office use).

Organization ID: 73215 (Office Use Only)

Organization Name: Saint Francis Hospital and Medical Center

Placement City: Hartford
Employer Identification Number (EIN): 060646813
(EIN will not publish)
Street: 114 Woodland St.
City: Hartford
State: CT
Zip: 06105-1299
Phone: 860-714-4000
Fax: 860-714-8030
Email: pastoralcare@stfranciscare.org
Web: www.stfranciscare.com

Statistical Information:
Licensed Beds 617
Bassinets 65
Outpatient Visits 297814
Inpatient Visits 31781
Observation 3036
Staff 4312

Personnel

Person ID: 185718
Name: Christopher M. Dadlez
Position Held/Office: Pres. & CEO
Email (This will be suppressed from print):
cdadlez@stfrancis.org

Person ID: 38534
Name: Stephen Surprenant
Position Held/Office: Vice Pres. Mission Integration
Email (This will be suppressed from print):
ssurpren@stfranciscare.org

Person ID: 210899
Name: Suzanne Nolan
Position Held/Office: Dir. Pastoral Care & Chap.
Email (This will be suppressed from print):
sunolan@stfranciscare.org

Person ID: 276089
Name: Suzanne Carnes
Position Held/Office: Chap.
Email (This will be suppressed from print):
scarnes@stfranciscare.org

Person ID: 38499
Name: Rev. Mark Bonsignore
Position Held/Office: Chap.
Ordination Year: 95
Email (This will be suppressed from print):
mbonsign@stfranciscare.org

Person ID: 230679
Name: Roy McAlpin
Position Held/Office: Chap.
Email (This will be suppressed from print):
rmcalpin@stfranciscare.org

Person ID: 316131
Name: Elaine St. Peter
Position Held/Office: Media Rels. Mgr.
Email (This will be suppressed from print):
estpeter@stfranciscare.org

Person ID: 302553
Name: John Swift
Position Held/Office: Supvr. Clinical Pastoral Ed.
Email (This will be suppressed from print):
jswift@mchct.org

Person ID: 302554
Name: Rev. Ute Schmidt
Position Held/Office: Coord. Clinical Pastoral Ed.
Email (This will be suppressed from print):
uschmidt@stfranciscare.org

In Res:

Person ID: 78371
Name: Rev. Elias Menuba
Position Held/Office: Chap.
Ordination Year: 74
Email (This will be suppressed from print):
emenuba@stfranciscare.org

Organization ID: 73220 (Office Use Only)

Organization Name: The Women's Auxiliary of Saint Francis Hospital and Medical Center

Employer Identification Number (EIN):
(EIN will not publish)
Name: The Women's Auxiliary of Saint Francis Hospital and Medical Center
Phone: 860-714-4558
Fax: 860-714-7809

Person ID: 316132
Name: Anita Schepker
Position Held/Office: Pres.
Email (This will be suppressed from print):
aschepke@stfranciscare.org

Organization ID: 73222 (Office Use Only)

Organization Name: Asylum Hill Family Medicine Center, Inc.

Employer Identification Number (EIN):
(EIN will not publish)
Name: Asylum Hill Family Medicine Center, Inc.
Phone: 860-714-4212
Fax: 860-714-8079
Web: stfranciscare.org

Organization ID: 73223 (Office Use Only)

Organization Name: Saint Francis Care, Inc.

Placement City: Hartford
Employer Identification Number (EIN): 06-1491191
(EIN will not publish)

Name: Saint Francis Care, Inc.
Street: 114 Woodland St.
City: Hartford
State: CT
Zip: 06105
Phone:
Fax:

Organization ID: 533100 (Office Use Only)

Organization Name: Saint Francis Medical Group, Inc.

Placement City: Hartford
Employer Identification Number (EIN): 06-1450168
(EIN will not publish)
Street: 114 Woodland St.
City: Hartford
State: CT
Zip: 06105
Phone:
Fax:

Organization ID: 533101 (Office Use Only)

Organization Name: Saint Francis Emergency Medical Group, Inc.

Placement City: Hartford
Employer Identification Number (EIN): 45-1994612
(EIN will not publish)
Street: 114 Woodland St.
City: Hartford
State: CT
Zip: 06105
Phone:
Fax:

Organization ID: 73227 (Office Use Only)

Organization Name: Saint Francis Hospital and Medical Center Foundation, Inc.

Employer Identification Number (EIN):
(EIN will not publish)
Name: Saint Francis Hospital and Medical Center Foundation, Inc.
Street: 95 Woodland St.
City: Hartford
State: CT
Zip: 06105-1299
Phone: 860-714-4900
Fax: 860-714-8069

Web: stfranciscare.org

Person ID: 302555
Name: E. Merritt McDonough Jr.
Position Held/Office: Senior Vice Pres., Saint Francis Foundation & Chief Devel. Officer
Email: _____
(Email will be suppressed from print)

Organization ID: 73230 (Office Use Only)

Organization Name: Mount Sinai Rehabilitation Hospital, Inc.

Employer Identification Number (EIN):
(EIN will not publish)
Name: Mount Sinai Rehabilitation Hospital, Inc.
Street: 490 Blue Hills Ave.
City: Hartford
State: CT
Zip: 06112
Phone: 860-714-3500
Fax: 860-714-8550
Web: stfranciscare.org

Annual Organization Data

The totals given in this report cover a TWELVE MONTH PERIOD. You may use statistical projection at the end of the calendar or fiscal year, which ever is more convenient.

Where applicable please provide the following:

Bed Capacity:

Total Annually Assisted:

Total Staff:

Signature: _____

Title: _____

Date: _____

IMPORTANT: To ensure your tax-exempt status, return this questionnaire to Rev. Msgr. John McCarthy, Chancellor by September 29, 2014.

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EXHIBITS AND DISCLOSURE SCHEDULES TO

MEMBERSHIP TRANSFER AGREEMENT

Between

TRINITY HEALTH CORPORATION

And

SAINT FRANCIS CARE, INC.

Dated as of December 17, 2014

Exhibits and Schedules Updated as of
September 22, 2015

EXHIBIT A

SAINT FRANCIS EXEMPT SUBSIDIARIES

Saint Francis Hospital and Medical Center

Mount Sinai Rehabilitation Hospital, Inc.

Saint Francis Hospital and Medical Center Foundation, Inc.

Asylum Hill Family Medicine Center, Inc.

Saint Francis Medical Group, Inc.

Saint Francis Emergency Medical Group, Inc.

One Thousand Corporation - This entity is a 501(c)2 organization.

EXHIBIT B

SAINT FRANCIS CONTROLLED SUBSIDIARIES

Saint Francis Hospital and Medical Center

Mount Sinai Rehabilitation Hospital, Inc.

Saint Francis Hospital and Medical Center Foundation, Inc.

Collaborative Laboratory Services, LLC

Asylum Hill Family Medicine Center, Inc.

Saint Francis Medical Group, Inc.

Saint Francis Emergency Medical Group, Inc.

One Thousand Corporation

Saint Francis Indemnity Company, LLC

Medworks, LLC

Saint Francis Behavioral Health Group, P.C.

Saint Francis Care Medical Group, P.C.

Total Laundry Collaborative, LLC

EXHIBIT C

TRINITY HEALTH SYSTEM AUTHORITY MATRIX

[SEE ATTACHED]

June 25, 2015

TRINITY HEALTH
System Authority Matrix

This Authority Matrix summarizes a number of important activities that might be taken by an entity within the Trinity Health System and the corresponding actions or approvals that must be taken before proceeding with such activity. Many of these actions are delegations from the Board of Trinity Health to management, to Committees of the Board of Directors of Trinity Health and to governance of entities affiliated with Trinity Health. Trinity Health has adopted the following Operating Principles which apply to these delegations:

Unity: We act as a unified system, recognizing the interdependency of all its parts in fulfillment of its mission and vision while promoting the strength of our ministries serving our unique communities.

Excellence: We seek to continually innovate and improve our performance excellence and to add value by leveraging our skill and scale.

Simplicity and Clarity: Local, regional and system office leadership work in partnership to make decisions in a timely and collaborative manner that takes into account the variety of interests being affected.

Accountability: We are flexible in shaping roles, responsibilities and accountabilities at all leadership levels of the organization.

The Trinity Health Board retains control over its statutory obligations in carrying out the purposes of the corporation as the parent of a large Catholic health system. The Board is responsible for key strategic decisions and issues that will significantly impact the Trinity Health System. Delegations are established taking into account the balance between making efficient decisions close to the business activity and the need for the board and management to oversee areas of significant impact on the system as a whole in terms of Catholic Identity, strategic direction, risk and value.

The Board has adopted a process of Mission Discernment, which is intended to ensure that in the course of making major decisions, the Mission and Core Values are used as a measure to evaluate the effect of the proposed action.

This Authority Matrix is not intended to be an exclusive listing of the various actions reserved to Trinity Health or its affiliated entities. Trinity Health may clarify these delegations through policies. State law may confer additional rights or require additional actions. Those variations will be set forth in the governing documents of the entity and prevail over any conflicting authorities described in this System Authority Matrix. Different rights may also be set forth in the terms of joint venture organizing documents or other agreements. Decisions related to those joint venture entities should be made in accordance with the organizing documents; however, decisions which exceed financial thresholds or which may, in management's judgment, affect the reputation or identity of the Trinity Health System are required to be reviewed by Trinity Health management, regardless of the minority position held by the CHE Trinity affiliate in the joint venture.

Entities:

Catholic Health Ministries or CHM means the public juridic person that sponsors the Trinity Health system and exercises all canonical responsibilities related to its operations, subject to certain rights retained by sponsoring congregations or public juridic persons until such time as the stable patrimony (property) under the control of those sponsoring congregations or public juridic persons is alienated (transferred) to CHM.

Trinity Health means Trinity Health Corporation, an Indiana nonprofit corporation, which is the parent of the Trinity Health System.

Trinity Health System means Trinity Health, together with its subsidiaries and affiliates.

Ministry or Ministries means any or all RHMs, NHMs, and MHMs.

Mission Health Ministry or MHM means a first tier subsidiary of Trinity Health that maintains a governing body and which has oversight of non-institutional health operations and/or grant making. A list of MHMs is set forth on Exhibit A to this Matrix.

National Health Ministry or NHM means a first tier (direct) subsidiary that maintains a governing body that has day to day management oversight of a business line throughout the Trinity Health System. A list of NHMs is set forth on Exhibit A to this Matrix.

Regional Health Ministries or RHM means a first tier (direct) subsidiary, affiliate or operating division of Trinity Health that maintains a governing body that has day to day management oversight of a designated portion of the Trinity Health System within a geographical market. A list of RHMs is set forth Exhibit A to this Matrix.

Group 1 RHM means an RHM which had a minimum total operating revenue of $300 million in the previous fiscal year or an RHM that has been selected by management for inclusion in Group 1 RHMs based on operational objectives.

Group 2 RHM means an RHM which is not a Group 1 RHM.

Second Tier Subsidiaries means subsidiaries and affiliates of Ministries.

Actions:

Approve means to have ultimate authority over an action. Approval includes the authority to adopt, accept, modify, disapprove or send back for further consideration an action recommended or approved by another entity in the Trinity Health System. Some actions required approval at more than one level. Final approval authority is exercised by the highest level independently of any recommendation or participation actions. If more than one entity has Approval authority, the matter may be initiated and approved by the highest level of Approval authority when permitted by law.

Participate means a timely, meaningful, collaborative and consultative process among interested parties to inform the decision under consideration.

Ratify means to confirm and adopt the act of another even if it was not approved beforehand. It also means final decision making authority, but without the power to initiate or change a recommendation.

Recommend means to review and present a matter for approval by another entity in the Trinity Health System. Recommending authority does not limit the right of the approving entity to initiate an action without a recommendation.

Other:

Governing documents are documents which establish and describe an entity, including the purposes, the powers reserved to the members or shareholders, and which set forth the rights of partners or joint owners relative to each other. Governing documents include documents filed with the state (such as articles or certificates of incorporation), bylaws (whether a corporation or an unincorporated division which has its own governing body), operating agreements and partnership agreements.

Key Bylaws Provisions are variations from the standard Governing Documents that concern any of the following: (a) the Ministry name and corporate purposes; (b) the Mission, Core Values and Catholic Identity of the Ministry and powers exercisable by CHM; (c) the identity of, reserved powers exercisable by and other matters pertaining to Trinity Health; and (d) the authority and membership (including election, composition and removal) of the Ministry Board of Directors. All other variations are not Key Bylaw Provisions.

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
I	**Statements of Identity**					
I a	Trinity Health System Mission Statement	-	-	-		Approve
1 b	Trinity Health System Core Values	-	-	-		Approve
II	**Governing Documents**					
II a	Articles and Bylaws of Trinity Health Corporation	-	-	Recommend	Approve and Recommend	Ratify
II b	Governing Documents of Ministries consistent with standard form approved by Trinity Health Board	-	Approve and Recommend	Approve variations from the approved standard Bylaws which are not Key Bylaws Provisions (determination by the General Counsel)	Approval of Governing Documents by Executive and Governance Committee, except as to Bylaws limited to approval of variations from the approved standard which are Key Bylaws Provisions	-

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
II c	Governing Documents of Second Tier Subsidiary which operates licensed healthcare facilities consistent with standard form approved by Trinity Health Board	-	Approve and Recommend	Approve variations from the approved standard Bylaws which are not Key Bylaws Provisions (determination by the General Counsel)	Approval of Governance Documents by Executive and Governance Committee, except as to Bylaws limited to approval of variations from the approved standard which are Key Bylaws Provisions	-
II d	Governing Documents of Second Tier Subsidiary	Recommend	Approve	Approve		
III	**Appointments and Removals**					
III a	Appointment or removal of CHM Members (which comprise the Trinity Health Board of Directors)					Approve
III b	Appointment or removal of Trinity Health Board Chair				Approve	Ratify
III c	Appointment or removal Ministry Boards of Directors		Recommend	Recommend	Approve (Executive and Governance Committee)	

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
III d	Appointment or removal of Ministry Board Chairs		Approve		Ratify (Executive and Governance Committee)	
III e	Appointment or removal of Second Tier Subsidiaries Governing Body	Recommend	Approve			
III f	Appointment or removal of Trinity Health CEO				Approve	Ratify
III g	Appointment or removal of Ministry CEOs	Participate	Recommend	Approve		
III h	Appointment or removal of Second Tier Subsidiaries CEOs	Approve				
IV	**Strategy**					
IV a	Trinity Health System Strategic Plans			Recommend	Approve	
IV b	Group I RHM and NHM Strategic Plans	Recommend	Approve	Approve		
IV c	Group 2 RHM and MHM Strategic Plans	Recommend	Approve	Participate		

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
V	**Finance Matters**					
V a	Group I RHM and NHM Capital Acquisitions and Dispositions	Recommend	Approve up to 2% of net assets with a maximum of $5million	Approve above the RHM Governance level up to $25 million	Approval $25-$50 million by Stewardship Committee and above that level by Board (upon recommendation by Stewardship Committee)	Approval as required by Canon Law
V b	Group II RHM and MHM Capital Acquisitions and Dispositions	Recommend	Approve up to 2% of net assets with a minimum of $250,000 and a maximum of $2 million	Approve above the RHM Governance level up to $25 million	Approval $25-$50 million by Stewardship Committee and above that level by Board (upon recommendation by Stewardship Committee)	Approval as required by Canon Law
V c	Additional Debt and System Five Year Plan of Finance			Recommends	Approval up to $50 million by the Stewardship Committee and above that level by the Board (upon recommendation by Stewardship Committee)	

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
V d	System Operating and Capital Budget			Recommend	Approve (upon recommendation by Stewardship Committee)	
V e	RHM Operating and Capital Budget	Recommend	Approve	Approve		
V f	Second Tier Operating and Capital Budget	Recommend	Approve			
V g	Contracts (including leases) in which the Trinity Health is the financially obligated			Approve up to $25 million	Approval up to $50 million by the Stewardship Committee and above that level by the Board (upon recommendation by Stewardship Committee)	
V h	Contracts (including leases) in which a Group I RHM or a NHM is financially obligated	Recommend	Approve up to 2% of net assets with a maximum of $5million	Approve above the RHM Governance level up to $25 million	Approval $25-$50 million by Stewardship Committee and above that level by Board (upon recommendation by Stewardship Committee)	

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
V i	Contracts (including leases) in which a Group II RHM or MHM is financially obligated	Recommend	Approve up to 2% of net assets with a minimum of $250,000 and a maximum of $2 million	Approve above the RHM Governance level up to $25 million	Approval $25-$50 million by Stewardship Committee and above that level by Board (upon recommendation by Stewardship Committee)	
V j	Auditor Selection (Trinity Health System and separate audits)			Recommend	Approve (upon recommendation by the Audit Committee)	
V k	Annual Trinity Health System Audit			Recommend	Approve (upon recommendation by the Audit Committee)	
VI	**New Organizations and Major Transactions**					
VI a	Major change affecting Trinity Health (merger, consolidation, creation, transfer, sale of substantially all assets)			Recommend	Approve	Approve

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
VI b	Major change affecting Ministry (merger, consolidation, creation, transfer, sale of all assets) not related to an Trinity Health System reorganization	Recommend	Recommend (Approve if required by State law)	Recommend	Approve	Approve as related to Sponsorship obligations
VI c	Major change affecting Ministry (merger, consolidation, creation, transfer, sale of all assets) related to a Trinity Health System reorganization	Recommend	Recommend (Approve if required by State law)	Recommend	Stewardship Committee Approve	Approve as related to Sponsorship obligations
VI d	Major change affecting Second Tier Subsidiaries (merger, consolidation, creation, transfer, sale of all assets)	Recommend	Approve	Approve		Approve as related to Sponsorship obligations
VI e	Internal operational reorganization affecting tier structure	Participate	Recommend	Approve		

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
VI f	Formation or acquisition of an entity in which Trinity Health will be the sole parent			Recommend	Approve	Approve as related to Sponsorship obligations
VI g	Joint venture or other enterprise affecting ownership of a Group I RHM or NHM	Recommend	Approve	Recommend	Approve	Approve as related to Sponsorship obligations
VI h	Joint venture or other enterprise affecting ownership of a Group II RHM or MHM	Recommend	Approve	Recommend	Approval by Stewardship Committee	Approve as related to Sponsorship obligations
VII	**People Centered Care**					
VII a	Trinity Health System Wide Quality and Safety Standards	Participates		Recommends	Approves (upon recommendation of the People Centered Care Committee	

	Action	Ministry Management	Ministry Governance	Trinity Health Management	Trinity Health Governance	Catholic Health Ministries
VII b	RHM Quality and Safety Standards (consistent with Trinity Health System Quality Standards)	Recommends	Approves			
VII c	Annual review of Trinity Health System Quality and Safety			Recommends	People Centered Care Committee Approves, Board Receives Report	
VII d	Annual review of RHM Quality and Safety	Recommends	Approves	Receive Report		

EXIHIBIT A

MINISTRIES
Based on the FY 2014 Income Statement

REGIONAL HEALTH MINISTRIES (RHMs) – GROUP I

Holy Cross Health (Maryland)
Holy Cross Hospital (Florida)
Loyola University Health System (Illinois)
Mercy Health (Michigan)
Mercy Health Services – Iowa (Iowa)
Mercy Health System of Southeastern Pennsylvania (Pennsylvania)
Mount Carmel Health System (Ohio)
Our Lady of Lourdes Health Care Services (New Jersey)
Saint Agnes Medical Center (California)
Saint Alphonsus Health System (Idaho)
Saint Joseph Mercy Health System (Michigan)
Saint Joseph Regional Medical Center (Indiana)
Sisters of Providence Health System (Massachusetts)
St. Mary Medical Center (Pennsylvania)
St. Mary's Health Care System (Georgia)
St. Peter's Health Partners (New York)

REGIONAL HEALTH MINISTRIES (RHMs) – GROUP II

Mercy Health System of Chicago (Illinois)
Saint James Mercy Health System (New York)
Saint Michael's Medical Center (New Jersey)
St. Francis Hospital (Delaware)
St. Francis Medical Center (New Jersey)

NATIONAL HEALTH MINISTRIES (NHMs)

Trinity Home Health Services (multi-state)
Trinity Senior Living Communities (multi-state)
Trinity PACE

MISSION HEALTH MINISTRIES (MHMs)

Allegany Franciscan Ministries (Florida)
Global Health Ministry (Pennsylvania)
Mercy Medical (Alabama)
Pittsburgh Mercy Health System (Pennsylvania)
Saint Joseph's Health System (Georgia)

Approved by Trinity Health Executive and Governance Committee 6/18/14, effective 7/1/14; revised and approved by the Trinity Health Executive and Governance Committee on January 27, 2015; revised and approved by the Trinity Health Board of Directors on February 25, 2015; revised and approved by the Trinity Health Executive and Governance Committee on April 9, 2015; approved by Catholic Health Ministries on June 25, 2015.

EXHIBIT D

SAINT FRANCIS CARE, INC. AMENDED AND RESTATED CERTIFICATE OF INCORPORATION AND AMENDED AND RESTATED BYLAWS

[SEE ATTACHED]

Amended and Restated Certificate of Incorporation of

Saint Francis Care, Inc.

A Connecticut Nonstock Corporation

1. This Amended and Restated Certificate of Incorporation integrates and amends the previous Certificate of Incorporation and is executed pursuant to the provisions of the Connecticut Nonstock Corporation Act (the "Act"), as amended.

2. The text of the Amended and Restated Certificate of Incorporation is as follows:

ARTICLE I

Name

The name of the Corporation is Saint Francis Care, Inc. which was incorporated on July 31, 1997.

ARTICLE II

Definitions

For the purposes of this Certificate, the following defined terms shall have the following meanings:

"Affiliate" means a corporation or other entity that is subject to the direct or indirect Control or Ownership (as defined in the Bylaws) of the Corporation.

"Board" or "Board of Directors" means the Board of Directors of the Corporation, and the term "Director" means an individual member of the Board.

"Certificate of Incorporation" means the Certificate of Incorporation of the Corporation as amended from time to time.

"Catholic Health Ministries" or "CHM" means Catholic Health Ministries, a public juridic person that is the religious sponsor of the Corporation under the canon law of the Roman Catholic Church.

"Catholic Identity" means the theological, ethical, and canonical underpinnings of a Catholic-sponsored organization without which the entity cannot be considered a Roman Catholic church-related ministry.

"Code" shall mean the Internal Revenue Code of 1986, as amended from time to time.

"Corporation" shall mean Saint Francis Care, Inc., a Connecticut nonstock corporation.

"Governance Documents" means the Articles of Incorporation, Certificate of Incorporation, Bylaws, System Authority Matrix, Code of Regulations or equivalent organizational documents of a corporation or other entity.

"Health System" or "Trinity Health System" means the health system which consists of Trinity Health and its subsidiaries and Affiliates.

"Member" shall refer to Trinity Health Corporation, an Indiana nonprofit corporation, which is the sole member of the Corporation.

"Significant Finance Matters" shall refer to the following matters which pursuant to the System Authority Matrix are subject to the approval of Trinity Health: (a) capital expenditures and dispositions; (b) incurrence of additional debt; and (c) execution of contracts and leases.

"System Authority Matrix" refers to the document that sets forth an allocation of corporate governance authority that is binding on the Corporation and its Affiliates as part of the Health System, as may be amended by Trinity Health from time to time.

"Trinity Health" means Trinity Health Corporation, an Indiana nonprofit corporation, its successors and assigns.

ARTICLE III

Purposes

The Corporation shall be organized and operated exclusively for religious, charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Code. The Corporation shall not have or issue shares of stock or make distributions. The Corporation shall have no power to act in a manner which is not exclusively within the contemplation of Section 501(c)(3) of the Code, and the Corporation shall not engage directly or indirectly in any activity which would prevent it from qualifying, and continuing to qualify, as a Corporation as described in Section 501(c)(3) of the Code. Without limiting the generality of the foregoing, the purposes for which the Corporation is organized are to advance, promote, support, and carry out the purposes of Trinity Health Corporation, an Indiana nonprofit corporation, or its successor, and to further the apostolate and charitable works of Catholic Health Ministries on behalf of and as an integral part of the Roman Catholic Church in the United States. Without limiting the generality of the foregoing, the specific purposes of the Corporation shall include the following:

A. To engage in the delivery of and to carry on, sponsor or participate, directly or through one or more affiliates, in any activities related to the delivery of health care and health care related services of every kind, nature and description which,

in the opinion of the Directors of the Corporation, are appropriate in carrying out the health care mission of the Member and Catholic Health Ministries. The Corporation shall take all such actions including, but not limited to, support and assistance of affiliates, as may be necessary or desirable to accomplish the foregoing purpose within the restrictions and limitations of this Certificate of Incorporation, the Bylaws of the Corporation or applicable law, including, without limitation, promoting and carrying on scientific research and educational activities related to the care of the sick and promotion of health, and establishing, maintaining, owning, managing, operating, transferring, conveying, supporting, assisting and acquiring institutions, facilities and programs in several states, directly or through one or more affiliates, including, but not limited to, hospitals and clinics, which shall provide diagnosis and treatment to inpatients and outpatients and shall provide such support services as, but not limited to, extended care, shared services, pastoral care, home care, long-term care, operation of senior residences, care of the elderly and the handicapped, care of the economically needy, child care, social services, mental health and substance abuse services;

B. To promote, support and further any and all charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Code;

C. To coordinate and oversee the activities of Affiliates, and to allocate the assets, liabilities and resources of the Corporation and its Affiliates within the Health System;

D. To acquire, purchase, own, loan and borrow, erect, maintain, hold, use, control, manage, invest, exchange, convey, transfer, sell, mortgage, lease and rent all real and personal property of every kind and nature, which may be necessary or incidental to the accomplishment of any and all of the above purposes;

E. To accept, receive and hold, in trust or otherwise, all contributions, legacies, bequests, gifts and benefactions which may be left, made or given to the Corporation, or its predecessor or constituent corporations, by any person, persons or organizations;

F. To take all such actions as may be necessary or desirable to accomplish the foregoing purposes within the restrictions and limitations of this Certificate of Incorporation, the Bylaws of the Corporation and applicable law, provided that no substantial part of the activities of the Corporation shall be to carry out propaganda, or to otherwise attempt to influence legislation; and the Corporation shall not participate or intervene in any political campaign on behalf of or in opposition of any candidate for public office (by the publishing or distribution of statements or otherwise), in violation of any provisions applicable to corporations

exempt from taxation under Section 501(c)(3) of the Code and the regulations promulgated thereunder as they now exist or as they may be amended;

G. The Corporation shall not be operated for the pecuniary gain or profit, incidental or otherwise, of any private individual, and no part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its Directors, Officers or other private individuals, except the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to or for the Corporation and to make payments and distributions in furtherance of the purposes set forth herein consistent with applicable law; and

H. Notwithstanding any other provisions of this Certificate of Incorporation, the Corporation shall not carry on any activity not permitted to be carried on by: (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (ii) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code; and a corporation described in Section 509(a)(3) (or, if the Corporation is so classified, Section 509(a)(1) or 509(a)(2) of the Code).

ARTICLE IV

Catholic Identity

The activities of the Corporation shall be carried out in a manner consistent with the teachings of the Roman Catholic Church and "Founding Principles of Catholic Health Ministries" or successor documents which set forth principles describing how the apostolic and charitable works of Catholic Health Ministries are to be carried out, as well as the values and principles inherent in the medical-moral teachings of the Roman Catholic Church (such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops (or any successor organization), as amended from time to time). Under Canon Law, Catholic Health Ministries shall retain its canonical stewardship with respect to those facilities, real or personal property, and other assets that constitute the temporal goods belonging, by operation of Canon Law, to Catholic Health Ministries. No alienation, within the meaning of Canon Law, of property considered to be stable patrimony of Catholic Health Ministries shall occur without prior approval of Catholic Health Ministries.

ARTICLE V

Organization

The Corporation is a religious corporation, organized on a non-stock basis as a membership corporation. The Corporation’s sole member is Trinity Health Corporation, an Indiana nonprofit corporation.

ARTICLE VI

Registered Office and Resident Agent

The address of the Corporation's registered office is c/o CT Corporation System, One Corporate Center, Hartford, CT 06103. The resident agent of the Corporation is CT Corporation System, One Corporate Center, Hartford, CT 06103. The address of the Corporation's registered office and/or name of the Corporation's resident agent may be changed from time to time by the Board of Directors of the Corporation.

ARTICLE VII

Membership

Trinity Health Corporation, an Indiana nonprofit corporation is the sole member of the Corporation. The Member shall be entitled to all rights and powers of a member under Connecticut law, this Certificate of Incorporation and the Bylaws of the Corporation. Certain rights and powers related to the Corporation are reserved to the Member under the Corporation's Governance Documents. Action by the Corporation shall not be taken or authorized until the Member shall have exercised its reserved powers in the manner provided in the Governance Documents. The following powers are reserved to the Member:

a) Adopt, amend, modify or restate the Certificate of Incorporation and Bylaws of the Corporation, in whole or in part, or if any such action is recommended by the Board of Directors of the Corporation, approve such action as recommended;

(b) Appoint and remove Directors of the Corporation, with or without cause, of if any such action is recommended by the Board of Directors of the Corporation, approve such action as recommended;

(c) Ratify the appointment and removal of the Chair of the Board of Directors of the Corporation;

(d) Appoint and remove the President of the Corporation;

(e) Approve the strategic plan of the Corporation to the extent required pursuant to the System Authority Matrix, which shall be consistent with the strategic plan of Trinity Health;

(f) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the approval of Trinity Health;

(g) Approve the operating and capital budgets of the Corporation;

(h) Appoint and remove the independent fiscal auditor of the Corporation;

(i) Approve any merger, consolidation, transfer or relinquishment of membership rights, or the sale of all or substantially all of the operating assets of the Corporation (certain transactions and transfers of real property and immovable goods may also be subject to the approval of Catholic Health Ministries);

(j) Approve any dissolution, winding up or abandonment of operations, liquidation, filing of action in bankruptcy, receivership or similar action affecting the Corporation;

(k) Approve any formation or dissolution of Affiliates, partnerships, cosponsorships, joint membership arrangements, and other joint ventures involving the Corporation;

(l) Approve any pledge or encumbrance of assets whether pursuant to a sale, capital lease, mortgage, disposition, hypothecation, or other transaction in excess of limits established by Trinity Health (pledges or encumbrances of certain real property and immovable goods may be subject to approval by Catholic Health Ministries);

(m) Approve any change to the structure or operation of the Corporation which would affect its status as a nonprofit entity, exempt from taxation under Section 501(c) of the Internal Revenue Code;

(n) In recognition of the benefits accruing to the Corporation from Trinity Health, and in addition to any other rights reserved to Trinity Health under applicable law or Governance Documents of the Corporation, Trinity Health shall have the power to transfer assets of the Corporation, or to require the Corporation to transfer assets, to Trinity Health or an entity Controlled by, Controlling or under common Control with Trinity Health, whether within or without the state of domicile of the Corporation, to the extent necessary to accomplish Trinity Health's goals and objectives. The Corporation shall not be required to violate its charitable purposes, the terms of any restricted gifts, the covenants of its debt instruments, or the law of any applicable jurisdiction as a result of any asset transfers to be made to or directed by Trinity Health pursuant to this provision;

(o) Neither the Corporation, nor any of its Affiliates, shall transfer assets to entities other than to Trinity Health without the approval of Trinity Health, except for (i) transfers previously approved by Trinity Health, either individually or as part of Trinity Health's budget process, (ii) transfers to any entity which is a direct or indirect subsidiary of Trinity Health and that is subject to the reserved powers set forth in this Certificate, or (iii) transfers in the ordinary course of business; and

(p) Approve all other matters and take all other actions reserved to members of nonprofit corporations (or shareholders of for-profit corporations, as the case may be) by the state laws of the state in which the Corporation is domiciled or as reserved in the Governance Documents of the Corporation.

ARTICLE VIII

Indemnification

The Corporation shall, to the Maximum extent allowed by law, indemnify those persons who are serving or have served as members, trustees, directors, officers, employees, committee members, or agents of the Corporation, and those who are serving or have served at the request of the Corporation as a director, officer, employee, committee member, or agent of another corporation, partnership, joint venture, trust, or other enterprise, against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit, or proceeding.

ARTICLE IX

Dissolution

Subject to any approvals described in this Certificate of Incorporation or the Bylaws of the Corporation, upon the dissolution and final liquidation of the Corporation, all of its assets, after paying or making provision for payment of all its known debts, obligations and liabilities, and returning, transferring or conveying assets held by the Corporation conditional upon their return, transfer or conveyance upon dissolution of the Corporation, shall be distributed to the Member of this Corporation or its successor, so long as such distributee is an organization exempt from federal income tax by virtue of being an organization as described in Section 501(c)(3) of the Code. Any such assets not disposed of in accordance with the foregoing shall be distributed to Trinity Health Corporation, an Indiana nonprofit corporation or its successor, so long as such distributee is an organization exempt from federal income tax by virtue of being an organization as described in Section 501(c)(3) of the Code. Any assets not so disposed of in accordance with the foregoing shall be distributed to one or more corporations, trusts, funds or organizations which at the time appear in the Official Catholic Directory published annually by P.J. Kenedy & Sons or any successor publication, or are controlled by any such corporation, trust, fund or organization that so appears, and are exempt from federal income tax as organizations described in Section 501(c)(3) of the Code, as in the sole judgment of the Catholic Health Ministries have purposes most closely aligned to those of the Corporation, subject to any approvals described in this Certificate of Incorporation or the Bylaws of the Corporation and applicable law. Any assets not so disposed of shall be disposed of by a court of competent jurisdiction exclusively to one or more corporations, trusts, funds or other organizations as said court shall determine, which at the time are exempt from federal income tax as organizations described in Section 501(c)(3) of the Code and which are organized and operated exclusively for

such purposes. No private individual shall share in the distribution of any Corporation assets upon dissolution of the Corporation.

ARTICLE X

Effective Date of This Amended and Restated Certificate of Incorporation

This Amended and Restated Certificate of Incorporation is effective as of October 1, 2015.

BYLAWS

OF

SAINT FRANCIS CARE, INC.

A CONNECTICUT NONSTOCK CORPORATION

Effective Date: October 1, 2015

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Article I. DEFINITIONS

For the purposes of these Bylaws, the following defined terms shall have the following meanings:

“Affiliate” means a corporation or other entity that is subject to the direct or indirect Control or Ownership of the Corporation.

"Board" or "Board of Directors" means the Board of Directors of the Corporation, and the term “Director” means an individual member of the Board.

"Catholic Health Ministries" or "CHM" means Catholic Health Ministries, a public juridic person that is the religious sponsor of the Corporation under the canon law of the Roman Catholic Church.

"Catholic Identity" means the theological, ethical, and canonical underpinnings of a Catholic-sponsored organization without which the entity cannot be considered a Roman Catholic church-related ministry.

“Certificate of Incorporation” means the Certificate of Incorporation of the Corporation, as amended or restated from time to time.

“Code” shall mean the Internal Revenue Code of 1986, as amended from time to time.

“Control” or “Ownership” will be deemed to exist:

> (i) as to a corporation: (a) through ownership of the majority of voting stock or the ownership of the class of stock which exercises reserved powers, if it is a stock corporation; or (b) through serving as member and having the power to appoint (including through appointing one’s own directors or officers who then serve ex officio as to the Affiliate) the majority of the voting members or the class of members which exercises reserved powers, if it is a corporation with members; or (c) through having the power to appoint (including through appointing one’s own directors or officers who then serve *ex officio* as to the Affiliate) the majority of the voting directors or trustees or the controlling class of directors or trustees, if it is a corporation without members; or
>
> (ii) as to a partnership or other joint venture: through the possession of sufficient controls over the activities of the partnership or joint venture that the entity having control is permitted to consolidate the activities of the partnership or joint venture on its financial statements under generally accepted accounting principles.

The terms “Controlled,” “Controlling,” “Owned” or “Owning” shall be subsumed within the definitions of “Control” or “Ownership.”

“Corporation” shall mean Saint Francis Care, Inc., a Connecticut nonstock corporation.

"Governance Documents" means the Articles of Incorporation, Certificate of Incorporation, Bylaws, System Authority Matrix, Code of Regulations or equivalent organizational documents of a corporation or other entity.

“Health System” or “Trinity Health System” means the health system which consists of the Member, its subsidiaries and Affiliates.

“Key Bylaws Provisions” shall refer to sections of these Bylaws that concern any of the following: (a) the name and corporate purposes of the Corporation; (b) the Catholic Identity and Mission and Core Values of the Corporation and the powers exercisable by CHM; (c) the identity of, reserved powers exercisable by, and other matters pertaining to, Trinity Health; and (d) the authority and membership (including election, composition and removal) of the Board of Directors of the Corporation.

"Member” shall refer to Trinity Health Corporation, which is the sole member of the Corporation.

"Regional Health Ministry" or “RHM” is an Affiliate or operating division within the Health System that maintains a governing body that has day to day management oversight of a designated portion of the Health System, subject to certain authorities that are reserved to Trinity Health. RHMs may be based on a geographical market or dedicated to a service line or business.

“Significant Finance Matters” shall refer to the following which pursuant to the System Authority Matrix are subject to the approval of Trinity Health: (a) capital expenditures and dispositions, (b) incurrence of additional debt, and (c) execution of contracts and leases.

“System Authority Matrix” refers to the document that sets forth an allocation of corporate governance authority that is binding on the Corporation and its Affiliates as part of the Health System, a copy of which is attached and incorporated into these Bylaws as Exhibit A, and as may be amended by Trinity Health from time to time.

“Trinity Health” means Trinity Health Corporation, an Indiana nonprofit corporation, its successors and assigns.

Article II. PURPOSES

Section 2.01 Purposes

The purposes of the Corporation are set forth in the Certificate of Incorporation of the Corporation.

Section 2.02 Catholic Identity

The activities of the Corporation shall be carried out in a manner consistent with the teachings of the Roman Catholic Church and "Founding Principles of Catholic Health Ministries" or successor documents which set forth principles describing how the apostolic and charitable works of Catholic Health Ministries are to be carried out, as well as the values and principles

inherent in the medical-moral teachings of the Roman Catholic Church (such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops (or any successor organization), as amended from time to time).

Section 2.03 Mission Statement

The Mission and Core Values of the Corporation shall be as adopted and approved from time to time by Catholic Health Ministries. The mission statement may by action of the Corporation's Board of Directors be supplemented by reference to the purpose of the Corporation. The mission statement of the Corporation shall be as follows:

"We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities."

The mission statement may by action of the Corporation's Board of Directors be supplemented by reference to the purposes of the Corporation.

Section 2.04 Alienation of Property

Under Canon Law, Catholic Health Ministries shall retain its canonical stewardship with respect to those facilities, real or personal property, and other assets that constitute the temporal goods belonging, by operation of Canon Law, to Catholic Health Ministries. No alienation, within the meaning of Canon Law, of property considered to be stable patrimony of Catholic Health Ministries shall occur without prior approval of Catholic Health Ministries.

Article III. MEMBER

Section 3.01 Sole Member

The sole member of the Corporation is Trinity Health Corporation, an Indiana nonprofit corporation, or its successors or assigns.

Section 3.02 Trinity Health Authority

The following actions shall be reserved exclusively to Trinity Health as sole member of the Corporation. Trinity Health may initiate and implement any proposal with respect to any of the following, or if a proposal with respect to any of the following is otherwise initiated, it shall not become effective unless the requisite approval and other actions shall have been taken by Trinity Health, as required pursuant to the Corporation's Governance Documents:

(a) Adopt, amend, modify or restate the Certificate of Incorporation and Bylaws of the Corporation, in whole or in part, or if any such action is recommended by the Board of Directors of the Corporation, approve such action as recommended;

(b) Appoint and remove Directors of the Corporation, with or without cause, of if any such action is recommended by the Board of Directors of the Corporation, approve such action as recommended;

(c) Ratify the appointment and removal of the Chair of the Board of Directors of the Corporation;

(d) Appoint and remove the President of the Corporation;

(e) Approve the strategic plan of the Corporation to the extent required pursuant to the System Authority Matrix, which shall be consistent with the strategic plan of Trinity Health;

(f) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the approval of Trinity Health;

(g) Approve the operating and capital budgets of the Corporation;

(h) Appoint and remove the independent fiscal auditor of the Corporation;

(i) Approve any merger, consolidation, transfer or relinquishment of membership rights, or the sale of all or substantially all of the operating assets of the Corporation (certain transactions and transfers of real property and immovable goods may also be subject to the approval of Catholic Health Ministries);

(j) Approve any dissolution, winding up or abandonment of operations, liquidation, filing of action in bankruptcy, receivership or similar action affecting the Corporation;

(k) Approve any formation or dissolution of Affiliates, partnerships, cosponsorships, joint membership arrangements, and other joint ventures involving the Corporation;

(l) Approve any pledge or encumbrance of assets whether pursuant to a sale, capital lease, mortgage, disposition, hypothecation, or other transaction in excess of limits established by Trinity Health (pledges or encumbrances of certain real property and immovable goods may be subject to approval by Catholic Health Ministries);

(m) Approve any change to the structure or operation of the Corporation which would affect its status as a nonprofit entity, exempt from taxation under Section 501(c) of the Internal Revenue Code;

(n) In recognition of the benefits accruing to the Corporation from Trinity Health, and in addition to any other rights reserved to Trinity Health under applicable law or Governance Documents of the Corporation, Trinity Health shall have the power to transfer assets of the Corporation, or to require the Corporation to transfer assets,

to Trinity Health or an entity Controlled by, Controlling or under common Control with Trinity Health, whether within or without the state of domicile of the Corporation, to the extent necessary to accomplish Trinity Health's goals and objectives. The Corporation shall not be required to violate its charitable purposes, the terms of any restricted gifts, the covenants of its debt instruments, or the law of any applicable jurisdiction as a result of any asset transfers to be made to or directed by Trinity Health pursuant to this provision;

(o) Neither the Corporation, nor any of its Affiliates, shall transfer assets to entities other than Trinity Health without the approval of Trinity Health, except for (i) transfers previously approved by Trinity Health, either individually or as part of Trinity Health's budget process, (ii) transfers to any entity which is a direct or indirect subsidiary of Trinity Health and that is subject to the reserved powers set forth in this Section 3.02, or (iii) transfers in the ordinary course of business; and

(p) Approve all other matters and take all other actions reserved to members of nonprofit corporations (or shareholders of for-profit corporations, as the case may be) by the state laws of the state in which the Corporation is domiciled or as reserved in the Governance Documents of the Corporation.

Section 3.03 Meetings of Trinity Health

Meetings of Trinity Health shall be held at the principal office of Trinity Health or as otherwise provided in the bylaws of Trinity Health. Such meetings shall be held at such time and date determined in accordance with the bylaws of Trinity Health. Notice of meetings of Trinity Health shall be given in accordance with the bylaws of Trinity Health.

Article IV. BOARD OF DIRECTORS

Section 4.01 Duties and Powers

With the exception of the powers reserved to Trinity Health or Catholic Health Ministries under the Corporation's Governance Documents or applicable law, the Board of Directors shall govern, regulate and direct the affairs and business of the Corporation, carry out the policies and guidelines adopted by Trinity Health and carry out such responsibilities as shall be delegated to it by the Board of Directors of Trinity Health, all in a manner consistent with the Mission and Core Values of the Corporation. Additional descriptions of the duties and powers of the Board of Directors are set forth in the System Authority Matrix. Among the matters under the direction of the Corporation's Board of Directors are the following actions:

(a) Elect the officers of the Corporation (except the President), subject to the ratification of the Chair by Trinity Health;

(b) Approve the strategic plan of the Corporation to the extent required pursuant to the System Authority Matrix, which shall be consistent with the strategic plan of Trinity Health, and recommend such strategic plan to Trinity Health if required by the Trinity Health System Authority Matrix;

(c) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the approval of the Board of Directors of the Corporation, recommend such Significant Finance Matters to Trinity Health if required by the Trinity Health System Authority Matrix;

(d) Adopt and amend from time to time rules, regulations and policies for the conduct of the operations and affairs of the Corporation; and

(e) Recommend to Trinity Health matters relating to the Corporation that require the approval or other action of Trinity Health pursuant to the Corporation's Governance Documents.

Section 4.02 Appointments and Composition

Trinity Health shall appoint a Board of Directors on the basis of qualifications and criteria established by Trinity Health. Except as otherwise authorized by action of Trinity Health, the members of the Corporation's Board of Directors shall include: (i) at least one representative of Trinity Health, designated by Trinity Health (who shall serve ex officio with vote) (the " Trinity Health Director"), (ii) the President of the Corporation (who shall serve ex officio with vote), (iii) if the Corporation operates or controls a hospital or medical center, at least one physician, (iv) at least two (2) members or associates of a Roman Catholic religious congregation, and (v) members of the local community. The Board should be comprised of directors from diverse backgrounds which reflect the population demographics of the community served, including gender, race, and ethnicity.

Section 4.03 Term

Directors shall serve a three-year term, or such shorter term as may be determined by Trinity Health in order to achieve continuity in board composition. Ex officio members of the Board of Directors shall cease to be Directors upon the termination of their service in the office resulting in their ex officio service on the Board of Directors. Other than ex officio members, no Directors may serve for more than nine (9) consecutive years, unless appointed to complete the unexpired term of another Director, in which case a Director may serve for up to ten (10) consecutive years. Former Directors are eligible for reappointment after a one-year absence from service.

Section 4.04 Annual Meeting of the Board of Directors

An annual meeting of the Board of Directors shall be held at any time during the last six months of the calendar year for the purpose of the appointment of officers and the transaction of such other business as may properly come before the meeting. Notice of the annual meeting shall be given not less than ten (10) or more than sixty (60) days before the date of the meeting. The meeting notice shall specify the date, time and place of the meeting. Presence at any such meeting shall be deemed to be waiver of notice of said meeting.

Section 4.05 Regular Meetings and Notice

Regular meetings of the Board of Directors shall be held as determined by the Board but no less frequently than quarterly at such time, place and date as determined from time to time by the Board of Directors. An agenda, indicating items requiring a vote of the members of the Board of Directors, together with copies of reports, statements and other supporting information shall be mailed by the President prior to meetings. No notice of regular meetings shall be required other than the resolution setting the time, place and date of the meeting.

Section 4.06 Special Meetings and Notice

Special meetings of the Board may be called by or at the request of the Chair, by written request of any two (2) members of the Board, or by Trinity Health. The special meeting shall be held within five (5) days after receipt of such request. Notice of the special meeting shall be given in writing, personally, by telephone, electronic transmission or by facsimile transmission at least forty-eight (48) hours prior to the special meeting. The notice of any special meeting shall state the purpose for which it is called, No other business shall be transacted at the special meeting except for that business stated in the notice.

Section 4.07 Waiver of Notice

Attendance of a Director at a meeting constitutes a waiver of notice of the meeting except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Notice also may be waived in writing, either before or after the meeting.

Section 4.08 Quorum and Valid Director Action

At all meetings of the Board, a simple majority of the Directors then in office shall constitute a quorum for the transaction of business. The vote of a majority of the Directors present and voting at any meeting at which a quorum is present shall constitute the act of the Board, unless the vote of a larger number is specifically required by law, or by the Certificate of Incorporation, Bylaws or policies of the Corporation.

Section 4.09 Written Consents

Any action required or permitted to be taken by vote at any meeting of the Board or of any committee thereof may be taken without a meeting, if before or after the action, all members of the Board or committee consent in writing. The written consents shall be filed with the minutes of proceedings of the Board or committee. Such consents shall have the same effect as a vote of the Board or committee for all purposes.

Section 4.10 Communication Equipment

Members of the Board of Directors, or any committee designated by the Board, may participate in a meeting of the Board or committee by means of teleconference, video conference or similar communications equipment by virtue of which all persons participating in the meeting may hear each other if all participants are advised of the communications equipment and the names of the

participants in the conference are divulged to all participants. Participation in a meeting pursuant to this section shall constitute presence in person at such meeting.

Section 4.11 Resignation

Any Director may resign by written notice to the Chair of the Board. The Chair of the Board may resign by written notice to the Corporation's President who shall promptly thereafter notify Trinity Health. Resignations shall be effective upon receipt or at a subsequent time if specified in the notice of resignation.

Section 4.12 Removal

Any Director may be removed with or without cause at any time by Trinity Health. Absences of a Director from three (3) consecutive regular meetings of the Board of Directors may constitute cause for removal from the Board of Directors.

Section 4.13 Periodic Performance Review

The Board of Directors shall periodically review its own performance and issue reports to Trinity Health summarizing the results of its review.

Article V. QUALITY OF CARE

The Board of Directors shall be responsible to develop a process for assuring the quality of care provided in the health care facilities and programs owned and operated by the Corporation's Affiliates. The Board shall assure that the Medical/Dental staff in each facility that has a Medical/Dental staff is organized pursuant to bylaws approved by the Affiliate's governing body, which shall include procedures for recommendations to the governing body by the Medical/Dental staff on the appointment of members of the Medical/Dental staff, the delineation of their staff privileges and the initiation of corrective action taken against any member.

Article VI. COMMITTEES

Section 6.01 Committees in General

The Executive Committee of the Board of Directors and such other committee as state law may require shall be standing committees of the Corporation. The Board of Directors may establish such additional standing or special committees from time to time as it shall deem appropriate to conduct the activities of the Corporation and shall define the powers and responsibilities of such committees. Those other committees shall serve at the pleasure of the Board. The Corporation shall not have a separate audit committee as matters related to the audit of the Corporation's finances are consolidated at the Trinity Health level. The Board shall establish the purpose, composition, term and other operating matters relative to each such other committee. Each committee shall keep minutes in some manner reasonably intended to record the business that occurred at the meeting and shall forward these minutes to the Board of Directors.

Section 6.02 Executive Committee

There shall be an Executive Committee, consisting of the Chair of the Board, who shall serve as chair of the Executive Committee, the President, and at least two (2) other Directors selected by vote of the Board of Directors. All members of the Executive Committee must be members of the Board of Directors. The Executive Committee shall meet on the call of the Chair or President. Except as otherwise provided by resolution of the Board or as limited by law, the Executive Committee shall exercise the power and authority of the Board when necessary or advisable between meetings of the Board and shall exercise such other powers as may be assigned from time to time by the Board. The Executive Committee shall report on its actions at the next meeting of the Board and such actions shall be subject to revision and alteration of the Board; provided, however, that the rights of third parties shall not be affected by any such revision or alteration.

Section 6.03 Service on Committees

The committees shall establish rules and regulations for meetings and shall meet at such times as are necessary, provided that a reasonable notice of all meetings shall be given to committee members. No act of a committee shall be valid unless approved by the vote or written consent of a majority of its members. Committees shall keep regular minutes of their proceedings and report the same to the Board from time to time as the Board may require. Members of the committees (except the Executive Committee) shall be appointed for one (1) year by the Chair of the Board of Directors as soon as possible after the annual meeting of the Board. Members of the committees shall serve on their respective committees through the next annual meeting or until their respective successors are appointed. The Chair of the Board shall fill vacancies on committees (except the Executive Committee) and appointees shall serve through the next annual meeting or until their successor is appointed. The President shall be an ex officio member of all committees, except for any committee that reviews compliance or executive compensation matters.

Section 6.04 Quorum, Meetings, Rules and Procedures

A quorum for any meeting of a committee shall be a simple majority of the committee members or as otherwise required by applicable law, except that any ex officio members of the committee shall not be included in calculating the quorum requirement unless they are present at the meeting, in which event they shall be included towards meeting the quorum requirement. The affirmative vote of a majority of the quorum is necessary to take action of the committee, including the affirmative vote of at least one member of the Board present at the meeting of the committee in order to take any action other than recommendation by the committee to the Board or Executive Committee. Minutes of all committee meetings shall be kept and forwarded to the Board. Each committee shall adopt rules for its own governance not inconsistent with these Bylaws or the acts of the Board.

Section 6.05 Committee Composition

The members and all chairs of committees other than the Executive Committee shall be appointed by the Chair of the Board. The chair of each committee shall be a Director. Committees, other than the Executive Committee, may include persons other than members of

the Board of Directors; provided that each standing committee shall have at least two (2) Director members in addition to the Chair and President who shall serve ex officio; and provided further, that no authority of the Board may be delegated to a committee unless the majority of the members of such committee with Board delegated authority are members of the Board of Directors and otherwise in accord with applicable law.

Article VII. OFFICERS

Section 7.01 Officers

The officers of the Corporation shall be the Chair, Vice-Chair, President, Secretary and Treasurer. Additionally, upon recommendation of the President, the Board of Directors may appoint an Assistant Secretary, an Assistant Treasurer, and such other officers of the Corporation as shall be deemed necessary and appropriate from time to time. Officers shall hold their respective offices until their successors are chosen and qualified.

Section 7.02 Appointment and Election of Officers

The President of the Corporation shall be appointed, evaluated, reappointed and/or removed by Trinity Health. The President shall be the Chief Executive Officer of the Corporation, and any vacancy in such office shall be filled by Trinity Health. The Chair (and any person or office that serves as the designated successor to the Chair) shall be elected by the Board and recommended for ratification to the Trinity Health Board of Directors by the Corporation's Board of Directors in a manner consistent with any applicable policy of Trinity Health. The Chair shall serve a term of one year and may be elected for a total of three (3) consecutive complete one (1) year terms. The Vice-Chair (unless the Vice-Chair serves as the designated successor to the Chair), Secretary and Treasurer of the Corporation shall be elected at the annual meeting of the Directors by the members of the Board of Directors. The Treasurer and Secretary need not be members of the Board.

Section 7.03 Vacancies

Vacancies, occurring for any reason, shall be filled in the same manner as appointment or election and the officer so appointed or elected shall hold office until a successor is chosen and qualified.

Section 7.04 Chair and Vice-Chair

The Chair shall preside at all Board meetings and shall be an ex-officio voting member of all committees. The Vice-Chair shall act as Chair in the absence of the Chair and, when so acting, shall have all the authority and powers of the Chair.

Section 7.05 President

The President shall have general and active management responsibility for the business of the Corporation and shall see that all orders and resolutions of the Board of Directors and the policies of Trinity Health are carried into effect, consistent with the Mission and Core Values of

the Corporation. The President shall be responsible for the appointment, evaluation, compensation and removal of the respective executive officers of those corporations of which this Corporation is the member or other controlling shareholder or owner. The President shall be a voting ex officio member of all committees and shall have the general powers and duties of supervision and management usually vested in the office of President of a corporation.

Section 7.06 Secretary

The Secretary of the Corporation shall issue, or cause to be issued, notices of all Board meetings, shall be responsible for the keeping and the reporting of adequate records of all transactions of the Board, and shall record the minutes of all meetings of the Board of Directors. The Secretary shall further perform such other duties incident to his or her office and as the Board of Directors may from time to time determine.

Section 7.07 Treasurer

The Treasurer of the Corporation shall be responsible for all funds of the Corporation, shall make reports to the Board of Directors as requested by the Board of Directors, and shall see that an accounting system is maintained in such a manner as to give a true and accurate accounting of the financial transactions of the Corporation. The Treasurer shall further perform such other duties incident to his or her office as the Board of Directors may from time to time determine. The Treasurer may delegate any of the functions, powers, duties, and responsibilities to any agent or employee of the Corporation. In the event of such delegation, the Treasurer shall thereafter be relieved of all responsibility for the proper performance or exercise thereof.

Article VIII. INDEMNIFICATION AND STANDARD OF CARE

Section 8.01 Indemnification

The Corporation shall, to the maximum extent allowed by law, indemnify those persons (including religious congregations and their members or other canonical persons and their members) who

(a) are serving or have served as members, trustees, directors, sponsors, officers, employees, committee or subcommittee members, or agents of the Corporation, or

(b) are serving or have served at the request of the Corporation as a member, trustee, director, sponsor, officer, employee, committee or subcommittee member, agent, manager, or partner of another corporation, partnership, joint venture, trust, employee benefit plan, limited liability company or other enterprise, whether for profit or nonprofit,

against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit, or proceeding.

Section 8.02 Insurance

Except as may be limited by law, the Corporation may purchase and maintain insurance on behalf of any person (including religious congregations and their members or other canonical persons and their members) who

(a) is or was a member, trustee, director, sponsor, officer, employee, committee or subcommittee member, or agent of the Corporation, or

(b) is or was serving at the request of the Corporation as a member, trustee, director, sponsor, officer, employee, committee or subcommittee member, agent, manager, or partner of another corporation, partnership, joint venture, trust, employee benefit plan, limited liability company or other enterprise, whether for profit or nonprofit,

to protect against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not this Corporation would have power to indemnify him or her against such liability under state law.

Section 8.03 Standard of Care

Each Director shall stand in a fiduciary relation to the Corporation and shall perform his or her duties as a Director, including his or her duties as a member of any committee of the Board upon which he or she may serve, in good faith, in a manner he or she reasonably believes to be in the best interests of the Corporation and Trinity Health, and with such care, including reasonable inquiry, skill and diligence, as a person of ordinary prudence would use under similar circumstances.

Section 8.04 Justifiable Reliance

In performing his or her duties, a Director (including when such Director is acting as an officer of the Corporation) shall be entitled to rely in good faith on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by any of the following:

(a) One or more officers or employees of the Corporation whom the Director reasonably believes to be reliable and competent in the matters presented.

(b) Counsel, public accountants or other persons on matters that the Director reasonably believes to be within the professional or expert competence of such person.

(c) A committee of the Board upon which he or she does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the Director reasonably believes to merit confidence.

A Director shall not be considered to be acting in good faith if he or she has knowledge concerning the matter in question that would cause his or her reliance to be unwarranted.

Section 8.05 Consideration of Factors

In discharging the duties of their respective positions, the Board of Directors, committees of the Board and individual Directors may, in considering the best interests of the Corporation and Trinity Health, consider the effects of any action upon employees, upon suppliers and customers of the Corporation and upon communities in which offices or other establishments of the Corporation and Trinity Health are located, and all other pertinent factors. The consideration of those factors shall not constitute a violation of the standards described herein.

Section 8.06 Presumption

Absent breach of fiduciary duty, lack of good faith or self-dealing, actions taken as a Director or any failure to take any actions shall be presumed to be in the best interests of the Corporation and Trinity Health. .

Section 8.07 Personal Liability of Directors

No Director shall be personally liable for monetary damages for any action taken, or any failure to take any action, unless the Director has breached or failed to perform the duties of his or her office under the standards described herein, has engaged in self-dealing, or the action or inaction constitutes willful misconduct or recklessness. The provisions of this Section shall not apply to the responsibility or liability of a Director pursuant to any criminal statute or the liability of a Director for the payment of taxes pursuant to local, state or federal law.

Nothing in this Article is intended to preclude or limit the application of any other provision of law that may provide a more favorable standard or higher level of protection for the Corporation's Directors.

Article IX. SUBSIDIARIES

In accordance with policies of Trinity Health, including, without limitation, those referenced in the System Authority Matrix, each organization of which the Corporation is the sole or majority member or owner shall have reserved certain powers to be exercised by this Corporation.

Article X. MISCELLANEOUS

Section 10.01 Fiscal Year

The fiscal year of the Corporation shall end on the 30th day of September of each year and shall begin on the 1st day of October of each year.

Section 10.02 Required Records

The officers, agents and employees of the Corporation shall maintain such books, records and accounts of the Corporation's business and affairs as may be from time to time required by the Board of Directors, or required by the laws of the state in which the Corporation is domiciled.

Section 10.03 Confidentiality

Except as otherwise publicly disclosed, or in order to appropriately conduct the Corporation's business, the records and reports of the Corporation shall be held in confidence by those persons with access to them.

Section 10.04 Conflict of Interest

Each of the Corporation's officers and members of the Board shall at all times act in a manner that furthers the Corporation's charitable purposes and shall exercise care that he or she does not act in a manner that furthers his or her private interests to the detriment of the Corporation's community benefit purposes. The Corporation's officers and members of the Board shall fully disclose to the Corporation any potential or actual conflicts of interest, if such conflicts cannot be avoided, so that such conflicts are dealt with in the best interests of the Corporation. Conflicts of interest shall be resolved in accordance with the Corporation's conflict of interest policy. The Corporation and all its officers and members of the Board shall comply with any policies of the Corporation and Trinity Health regarding conflicts of interest, as well as the requirements of applicable state law regarding such conflicts, and shall complete any and all disclosure forms as may be deemed necessary or useful by the Corporation for identifying potential conflicts of interest.

Article XI. AMENDMENT AND REVIEW

Section 11.01 Amendment

These Bylaws may be amended only by Trinity Health in accordance with Article III of these Bylaws.

Section 11.02 Periodic Review

These Bylaws shall be reviewed periodically by the Board of Directors and any recommended revisions shall be forwarded to Trinity Health.

EXHIBIT A

System Authority Matrix (Refer to Exhibit C above)

EXHIBIT E

SAINT FRANCIS CONTROLLED SUBSIDIARIES' AMENDED AND RESTATED CERTIFICATE OF INCORPORATION AND AMENDED AND RESTATED BYLAWS

[SEE ATTACHED]

Amended and Restated Certificate of Incorporation of

Saint Francis Hospital and Medical Center

A Connecticut Nonstock Corporation

1. The present name of the Corporation is Saint Francis Hospital and Medical Center which was incorporated on October 15, 1959.

2. This Amended and Restated Certificate of Incorporation integrates and amends the previous Certificate of Incorporation and is executed pursuant to the provisions of the Connecticut Nonstock Corporation Act (the "Act"), as amended.

3. The text of the Amended and Restated Certificate of Incorporation is as follows:

ARTICLE I

Name

The name of the Corporation is Saint Francis Hospital and Medical Center

ARTICLE II

Definitions

For the purposes of this Certificate, the following defined terms shall have the following meanings:

"Affiliate" means a corporation or other entity that is subject to the direct or indirect Control or Ownership (as defined in the Bylaws) of the Corporation.

"Board" or "Board of Directors" means the Board of Directors of the Corporation, and the term "Director" means an individual member of the Board.

"Catholic Health Ministries" or "CHM" means Catholic Health Ministries, a public juridic person that is the religious sponsor of the Corporation under the canon law of the Roman Catholic Church.

"Catholic Identity" means the theological, ethical, and canonical underpinnings of a Catholic-sponsored organization without which the entity cannot be considered a Roman Catholic church-related ministry.

"Certificate of Incorporation" means the Certificate of Incorporation of the Corporation, as amended or restated from time to time.

"Code" shall mean the Internal Revenue Code of 1986, as amended from time to time.

“Corporation” shall mean Saint Francis Hospital and Medical Center, a Connecticut nonstock corporation.

"Governance Documents" means the Articles of Incorporation, Certificate of Incorporation, Code of Regulations, System Authority Matrix, Bylaws or equivalent organizational documents of a corporation or other entity.

“Health System” or “Trinity Health System” means the health system which consists of Trinity Health and its subsidiaries and Affiliates.

"Member” shall refer to Saint Francis Care, Inc., a Connecticut nonstock corporation which is the sole member of the Corporation.

“Significant Finance Matters” shall refer to the following matters which pursuant to the System Authority Matrix are subject to the approval of Trinity Health: (a) capital expenditures and dispositions; (b) incurrence of additional debt; and (c) execution of contracts and leases.

“System Authority Matrix” refers to the document that sets forth an allocation of corporate governance authority that is binding on the Corporation and its Affiliates as part of the Health System, as may be amended by Trinity Health from time to time.

“Trinity Health” means Trinity Health Corporation, an Indiana nonprofit corporation, its successors and assigns.

ARTICLE III

Purposes

The Corporation shall be organized and operated exclusively for religious, charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Code. The Corporation shall not have or issue shares of stock or make distributions. The Corporation shall have no power to act in a manner which is not exclusively within the contemplation of Section 501(c)(3) of the Code, and the Corporation shall not engage directly or indirectly in any activity which would prevent it from qualifying, and continuing to qualify, as a Corporation as described in Section 501(c)(3) of the Code. Without limiting the generality of the foregoing, the purposes for which the Corporation is organized are to advance, promote, support, and carry out the purposes of Trinity Health Corporation, an Indiana nonprofit corporation, or its successor, and to further the apostolate and charitable works of Catholic Health Ministries on behalf of and as an integral part of the Roman Catholic Church in the United States. Without limiting the generality of the foregoing, the specific purposes of the Corporation shall include the following:

A. To carry out the purposes of Saint Francis Care, Inc., a Connecticut nonstock corporation, or its successor, which is the Member of the Corporation, and to further the apostolate of Catholic Health Ministries on behalf of and as an integral part of the Roman Catholic Church in the United States;

B. To engage in the delivery of and to carry on, sponsor or participate, directly or through one or more affiliates, in any activities related to the delivery of health care and health care related services of every kind, nature and description which, in the opinion of the Directors of the Corporation, are appropriate in carrying out the health care mission of the Trinity Health and Catholic Health Ministries. The Corporation shall take all such actions including, but not limited to, support and assistance of affiliates, as may be necessary or desirable to accomplish the foregoing purpose within the restrictions and limitations of this Certificate of Incorporation, the Bylaws of the Corporation or applicable law, including, without limitation, promoting and carrying on scientific research and educational activities related to the care of the sick and promotion of health, and establishing, maintaining, owning, managing, operating, transferring, conveying, supporting, assisting and acquiring institutions, facilities and programs in several states, directly or through one or more affiliates, including, but not limited to, hospitals and clinics, which shall provide diagnosis and treatment to inpatients and outpatients and shall provide such support services as, but not limited to, extended care, shared services, pastoral care, home care, long-term care, operation of senior residences, care of the elderly and the handicapped, care of the economically needy, child care, social services, mental health and substance abuse services;

C. To promote, support and further any and all charitable, scientific, religious and educational purposes within the meaning of Section 501(c)(3) of the Code;

D. To coordinate and oversee the activities of Affiliates, and to allocate the assets, liabilities and resources of the Corporation and its Affiliates within the Health System;

E. To acquire, purchase, own, loan and borrow, erect, maintain, hold, use, control, manage, invest, exchange, convey, transfer, sell, mortgage, lease and rent all real and personal property of every kind and nature, which may be necessary or incidental to the accomplishment of any and all of the above purposes;

F. To accept, receive and hold, in trust or otherwise, all contributions, legacies, bequests, gifts and benefactions which may be left, made or given to the Corporation, or its predecessor or constituent corporations, by any person, persons or organizations;

G. To take all such actions as may be necessary or desirable to accomplish the foregoing purposes within the restrictions and limitations of this

Certificate of Incorporation, the Bylaws of the Corporation and applicable law, provided that no substantial part of the activities of the Corporation shall be to carry out propaganda, or to otherwise attempt to influence legislation; and the Corporation shall not participate or intervene in any political campaign on behalf of or in opposition of any candidate for public office (by the publishing or distribution of statements or otherwise), in violation of any provisions applicable to corporations exempt from taxation under Section 501(c)(3) of the Code and the regulations promulgated thereunder as they now exist or as they may be amended;

H. The Corporation shall not be operated for the pecuniary gain or profit, incidental or otherwise, of any private individual, and no part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its Directors, Officers or other private individuals, except the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered to or for the Corporation and to make payments and distributions in furtherance of the purposes set forth herein consistent with applicable law; and

I. Notwithstanding any other provisions of this Certificate of Incorporation, the Corporation shall not carry on any activity not permitted to be carried on by: (i) a corporation exempt from federal income tax under Section 501(c)(3) of the Code, or (ii) a corporation, contributions to which are deductible under Section 170(c)(2) of the Code; and a corporation described in Section 509(a)(3) of the Code (or, if the Corporation is classified, Section 509(a)(1) or 509(a)(2) of the Code).

ARTICLE IV

Catholic Identity

The activities of the Corporation shall be carried out in a manner consistent with the teachings of the Roman Catholic Church and "Founding Principles of Catholic Health Ministries" or successor documents which set forth principles describing how the apostolic and charitable works of Catholic Health Ministries are to be carried out, as well as the values and principles inherent in the medical-moral teachings of the Roman Catholic Church (such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops (or any successor organization), as amended from time to time). Under Canon Law, Catholic Health Ministries shall retain its canonical stewardship with respect to those facilities, real or personal property, and other assets that constitute the temporal goods belonging, by operation of Canon Law, to Catholic Health Ministries. No alienation, within the meaning of Canon Law, of property considered to be stable patrimony of Catholic Health Ministries shall occur without prior approval of Catholic Health Ministries.

ARTICLE V

Organization

The Corporation is a religious corporation, organized on a non-stock basis as a membership corporation. The Corporation's sole member is Saint Francis Care, Inc., a Connecticut nonstock corporation.

ARTICLE VI

Registered Office and Resident Agent

The address of the Corporation's registered office is c/o CT Corporation System, One Corporate Center, Hartford, CT 06103. The resident agent of the Corporation is CT Corporation System, One Corporate Center, Hartford, CT 06103. The address of the Corporation's registered office and/or name of the Corporation's resident agent may be changed from time to time by the Board of Directors of the Corporation.

ARTICLE VII

Membership

Saint Francis Care, Inc., a Connecticut nonstock corporation ("Member") is the sole member of the Corporation. The Member shall be entitled to all rights and powers of a member under Connecticut law, this Certificate of Incorporation and the Bylaws of the Corporation. Certain rights and powers related to the Corporation are reserved to the Member and Trinity Health under the Corporation's Governance Documents. Action by the Corporation shall not be taken or authorized until the Member and Trinity Health, as required, shall have exercised their respective reserved powers in the manner provided in the Governance Documents. The following powers are reserved to the Member and Trinity Health:

a. As reserved to the Member:

(a) Approve the amendment or restatement of the Certificate of Incorporation and Bylaws of the Corporation, in whole or in part, and recommend the same to Trinity Health for adoption;

(b) Appoint and remove members of the Corporation's Board of Directors;

(c) Appoint and remove the President of the Corporation;

(d) Approve the strategic plan of the Corporation, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption as part of

the consolidated strategic plan of the Regional Health Ministry in which the Corporation participates;

(e) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the authority of the Member, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(f) Approve the annual operating and capital budgets of the Corporation, and recommend the same to Trinity Health for adoption as part of the consolidated operating and capital budgets of the Regional Health Ministry in which the Corporation participates;

(g) Approve any merger, consolidation, transfer or relinquishment of membership rights, or the sale of all or substantially all of the operating assets of the Corporation (certain transactions and transfers of real property and immovable goods may also be subject to the approval of Catholic Health Ministries), and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(h) Approve any dissolution, winding up or abandonment of operations, liquidation, filing of action in bankruptcy, receivership or similar action affecting the Corporation, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(i) Approve any formation or dissolution of Affiliates, partnerships, cosponsorships, joint membership arrangements, and other joint ventures involving the Corporation, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(j) Approve any pledge or encumbrance of assets whether pursuant to a sale, capital lease, mortgage, disposition, hypothecation, or other transaction in excess of limits established by Trinity Health (pledges or encumbrances of certain real property and immovable goods may also be subject to the approval of Catholic Health Ministries), and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(k) Approve any change to the structure or operations of the Corporation which would affect its status as a nonprofit entity, exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, and recommend the same to Trinity Health for approval; and

(l) Approve all other matters and take all other actions reserved to members of nonstock corporations (or shareholders of for-profit-corporations, as the case may

be) by the laws of the state in which the Corporation is domiciled or as reserved in the Governance Documents of the Corporation.

b. As reserved to Trinity Health:

(a) Adopt, amend, modify or restate the Certificate of Incorporation and Bylaws of the Corporation, in whole or in part, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(b) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the authority of Trinity Health, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(c) Approve any merger, consolidation, transfer or relinquishment of membership rights, or the sale of all or substantially all of the operating assets of the Corporation (certain transactions and transfers of real property and immovable goods may also be subject to the approval of Catholic Health Ministries), or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(d) Approve any dissolution, winding up or abandonment of operations, liquidation, filing of action in bankruptcy, receivership or similar action affecting the Corporation, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(e) Approve any formation or dissolution of Affiliates, partnerships, cosponsorships, joint membership arrangements, and other joint ventures involving the Corporation, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(f) Approve any pledge or encumbrance of assets whether pursuant to a sale, capital lease, mortgage, disposition, hypothecation, or other transaction in excess of limits established by Trinity Health (pledges or encumbrances of certain real property and immovable goods may also be subject to the approval of Catholic Health Ministries), or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(g) Approve any change to the structure or operation of the Corporation which would affect its status as a nonprofit entity, exempt from taxation under Section 501(c) of the Internal Revenue Code, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(h) Appoint and remove the independent fiscal auditor of the Corporation;

(i) In recognition of the benefits accruing to the Corporation from Trinity Health, and in addition to any other rights reserved to Trinity Health under applicable law or

Governance Documents of the Corporation, Trinity Health shall have the power to transfer assets of the Corporation, or to require the Corporation to transfer assets, to Trinity Health or an entity Controlled by, Controlling or under common Control with Trinity Health, whether within or without the state of domicile of the Corporation, to the extent necessary to accomplish Trinity Health's goals and objectives. The Corporation shall not be required to violate its corporate or charitable purposes, the terms of any restricted gifts, the covenants of its debt instruments, or the law of any applicable jurisdiction as a result of any asset transfers to be made to or directed by the Member or Trinity Health pursuant to this provision; and

(j) Neither the Corporation, nor any of its Affiliates, shall transfer assets to entities other than Trinity Health without the approval of Trinity Health, except for (i) transfers previously approved by Trinity Health, either individually or as part of Trinity Health's budget process, (ii) transfers to any entity which is a direct or indirect subsidiary of Trinity Health and that is subject to the reserved powers set forth in this Certificate, or (iii) transfers in the ordinary course of business.

ARTICLE VIII

Indemnification and Standard of Care

Section 1. Indemnification. The Corporation shall, to the maximum extent allowed by law, indemnify those persons who are serving or have served as members, trustees, directors, religious congregations or other canonical persons serving as sponsors, officers, employees, committee members, or agents of the Corporation, and those who are serving or have served at the request of the Corporation as a trustee, director, religious congregation or other canonical person serving as sponsor, officer, manager, partner, employee, committee member, or agent of another corporation, partnership, joint venture, trust, employee benefit plan, limited liability company or other enterprise, whether for profit or nonprofit, against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit, or proceeding.

Section 2. Insurance. Except as may be limited by law, the Corporation may purchase and maintain insurance on behalf of any person who is or was a member, director, trustee, religious congregation or other canonical person serving as sponsor, officer, director, committee member, employee, or agent of the Corporation, or who is or was serving at the request of the Corporation as a trustee, religious congregation or other canonical person serving as sponsor, officer, director, committee member, employee, or agent of another corporation, partnership, joint venture, trust, or other enterprise, to protect against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not the Corporation would have power to indemnify him or her against such liability under state law.

Section 3. Standard of Care. Each Director shall stand in a fiduciary relation to the Corporation and shall perform his or her duties as a Director, including his or her duties as a

member of any committee of the Board upon which he or she may serve, in good faith, in a manner he or she reasonably believes to be in the best interests of the Corporation, and with such care, including reasonable inquiry, skill and diligence, as a person of ordinary prudence would use under similar circumstances.

Section 4. Justifiable Reliance. In performing his or her duties, a Director (including when such Director is acting as an officer of the Corporation) shall be entitled to rely in good faith on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by any of the following:

a. One or more officers or employees of the Corporation whom the Director reasonably believes to be reliable and competent in the matters presented.
b. Counsel, public accountants or other persons on matters that the Director reasonably believes to be within the professional or expert competence of such person.
c. A committee of the Board upon which he or she does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the Director reasonably believes to merit confidence.
d. A Director shall not be considered to be acting in good faith if he or she has knowledge concerning the matter in question that would cause his or her reliance to be unwarranted.

Section 5. Consideration of Factors. In discharging the duties of their respective positions, the Board of Directors, committees of the Board and individual Directors may, in considering the best interests of the Corporation, consider the effects of any action upon employees, upon suppliers and customers of the Corporation and upon communities in which offices or other establishments of the Corporation are located, and all other pertinent factors. The consideration of those factors shall not constitute a violation of the standards described herein.

Section 6. Presumption. Absent breach of fiduciary duty, lack of good faith or self-dealing, actions taken as a Director or any failure to take any actions shall be presumed to be in the best interests of the Corporation.

Section 7. Personal Liability of Director. No Director shall be personally liable for monetary damages for any action taken, or any failure to take any action, unless the Director has breached or failed to perform the duties of his or her office under the standards described herein, has engaged in self-dealing, or the action or inaction constitutes willful misconduct or recklessness. The provisions of this Section shall not apply to the responsibility or liability of a Director pursuant to any criminal statute or the liability of a Director for the payment of taxes pursuant to local, state or federal law.

Nothing in this Article is intended to preclude or limit the application of any other provision of law that may provide a more favorable standard or higher level of protection for the Corporation's Directors.

ARTICLE IX

Dissolution

Subject to any approvals described in this Certificate of Incorporation or the Bylaws of the Corporation, upon the dissolution and final liquidation of the Corporation, all of its assets, after paying or making provision for payment of all its known debts, obligations and liabilities, and returning, transferring or conveying assets held by the Corporation conditional upon their return, transfer or conveyance upon dissolution of the Corporation, shall be distributed to the Member of this Corporation or its successor, so long as such distributee is an organization exempt from federal income tax by virtue of being an organization as described in Section 501(c)(3) of the Code. Any such assets not disposed of in accordance with the foregoing shall be distributed to Trinity Health Corporation, an Indiana nonprofit corporation or its successor, so long as such distributee is an organization exempt from federal income tax by virtue of being an organization as described in Section 501(c)(3) of the Code. Any assets not so disposed of in accordance with the foregoing shall be distributed to one or more corporations, trusts, funds or organizations which at the time appear in the Official Catholic Directory published annually by P.J. Kenedy & Sons or any successor publication, or are controlled by any such corporation, trust, fund or organization that so appears, and are exempt from federal income tax as organizations described in Section 501(c)(3) of the Code, as in the sole judgment of the Catholic Health Ministries have purposes most closely aligned to those of the Corporation, subject to any approvals described in this Certificate of Incorporation or the Bylaws of the Corporation and applicable law. Any assets not so disposed of shall be disposed of by a court of competent jurisdiction exclusively to one or more corporations, trusts, funds or other organizations as said court shall determine, which at the time are exempt from federal income tax as organizations described in Section 501(c)(3) of the Code and which are organized and operated exclusively for such purposes. No private individual shall share in the distribution of any Corporation assets upon dissolution of the Corporation.

ARTICLE X

Effective Date of This Amended and Restated Certificate of Incorporation

This Amended and Restated Certificate of Incorporation is effective as of October 1, 2015.

BYLAWS

OF

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

A CONNECTICUT NONSTOCK CORPORATION

Effective Date: October 1, 2015

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Article I. DEFINITIONS

For the purposes of these Bylaws, the following defined terms shall have the following meanings:

“Affiliate” means a corporation or other entity that is subject to the direct or indirect Control or Ownership of the Corporation.

"Board" or "Board of Directors" means the Board of Directors of the Corporation, and the term “Director” means an individual member of the Board.

"Catholic Health Ministries" or "CHM" means Catholic Health Ministries, a public juridic person that is the religious sponsor of the Corporation under the canon law of the Roman Catholic Church.

"Catholic Identity" means the theological, ethical, and canonical underpinnings of a Catholic-sponsored organization without which the entity cannot be considered a Roman Catholic church-related ministry.

“Certificate of Incorporation” means the Certificate of Incorporation of the Corporation, as amended or restated from time to time.

“Code” shall mean the Internal Revenue Code of 1986, as amended from time to time.

“Control” or “Ownership” will be deemed to exist:

> (i) as to a corporation: (a) through ownership of the majority of voting stock or the ownership of the class of stock which exercises reserved powers, if it is a stock corporation; or (b) through serving as member and having the power to appoint (including through appointing one’s own directors or officers who then serve ex officio as to the Affiliate) the majority of the voting members or the class of members which exercises reserved powers, if it is a corporation with members; or (c) through having the power to appoint (including through appointing one’s own directors or officers who then serve *ex officio* as to the Affiliate) the majority of the voting directors or trustees or the controlling class of directors or trustees, if it is a corporation without members; or
>
> (ii) as to a partnership or other joint venture: through the possession of sufficient controls over the activities of the partnership or joint venture that the entity having control is permitted to consolidate the activities of the partnership or joint venture on its financial statements under generally accepted accounting principles.

The terms “Controlled,” “Controlling,” “Owned” or “Owning” shall be subsumed within the definitions of “Control” or “Ownership.”

“Corporation” shall mean Saint Francis Hospital and Medical Center, a Connecticut nonstock corporation.

"Governance Documents" means the Articles of Incorporation, Certificate of Incorporation, Bylaws, System Authority Matrix, Code of Regulations or equivalent organizational documents of a corporation or other entity.

“Health System” or “Trinity Health System” means the health system which consists of Trinity Health and its subsidiaries and Affiliates.

“Key Bylaws Provisions” shall refer to sections of these Bylaws that concern any of the following: (a) the name and corporate purposes of the Corporation; (b) the Catholic Identity and Mission and Core Values of the Corporation and the powers exercisable by CHM; (c) the identity of, reserved powers exercisable by, and other matters pertaining to, the Member and Trinity Health; and (d) the authority and membership (including election, composition and removal) of the Board of Directors of the Corporation.

"Member” shall refer to Saint Francis Care, Inc., a Connecticut nonstock corporation which is the sole member of the Corporation.

“Operating Unit” shall have the definition set forth in Section 5.04 of these Bylaws.

"Regional Health Ministry" or “RHM” is an Affiliate or operating division within the Health System that maintains a governing body that has day to day management oversight of a designated portion of the Health System, subject to certain authorities that are reserved to Trinity Health. RHMs may be based on a geographical market or dedicated to a service line or business.

“Significant Finance Matters” shall refer to the following matters which pursuant to the System Authority Matrix are subject to the approval of Trinity Health: (a) capital expenditures and dispositions; (b) incurrence of additional debt; and (c) execution of contracts and leases.

“System Authority Matrix” refers to the document that sets forth an allocation of corporate governance authority that is binding on the Corporation and its Affiliates as part of the Health System, a copy of which is attached and incorporated into these Bylaws as Exhibit A, and as may be amended by Trinity Health from time to time.

“Trinity Health” means Trinity Health Corporation, an Indiana nonprofit corporation, its successors and assigns.

Article II. PURPOSES

Section 2.01 Purposes

The purposes of the Corporation are set forth in the Certificate of Incorporation of the Corporation.

Section 2.02 Catholic Identity

The activities of the Corporation shall be carried out in a manner consistent with the teachings of the Roman Catholic Church and "Founding Principles of Catholic Health Ministries" or successor documents which set forth principles describing how the apostolic and charitable works of Catholic Health Ministries are to be carried out, as well as the values and principles inherent in the medical-moral teachings of the Roman Catholic Church (such as the *Ethical and Religious Directives for Catholic Health Care Services* as promulgated from time to time by the United States Conference of Catholic Bishops (or any successor organization), as amended from time to time).

Section 2.03 Mission Statement

The Mission and Core Values of the Corporation shall be as adopted and approved from time to time by Catholic Health Ministries. The mission statement may by action of the Corporation's Board of Directors be supplemented by reference to the purposes of the Corporation. The mission statement of the Corporation shall be as follows:

"We serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities."

The mission statement may by action of the Corporation's Board of Directors be supplemented by reference to the purposes of the Corporation.

Section 2.04 Alienation of Property

Under Canon Law, Catholic Health Ministries shall retain its canonical stewardship with respect to those facilities, real or personal property, and other assets that constitute the temporal goods belonging, by operation of Canon Law, to Catholic Health Ministries. No alienation, within the meaning of Canon Law, of property considered to be stable patrimony of Catholic Health Ministries shall occur without prior approval of Catholic Health Ministries.

Article III. MEMBER

Section 3.01 Sole Member

The sole member of the Corporation is Saint Francis Care, Inc., a Connecticut nonstock corporation, or its successors or assigns.

Section 3.02 Member Authority

The following actions shall be reserved exclusively to the Member of the Corporation. Subject to the reserved powers of Trinity Health, the Member may initiate and implement any proposal with respect to any of the following, or if any proposal with respect to any of the following is otherwise initiated, it shall not become effective unless the requisite approvals and other actions shall have been taken by the Member and Trinity Health, as required pursuant to the Corporation's Governance Documents:

(a) Approve the amendment or restatement of the Certificate of Incorporation and Bylaws of the Corporation, in whole or in part, and recommend the same to Trinity Health for adoption;

(b) Appoint and remove members of the Corporation's Board of Directors;

(c) Appoint and remove the President of the Corporation;

(d) Approve the strategic plan of the Corporation, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption as part of the consolidated strategic plan of the Regional Health Ministry in which the Corporation participates;

(e) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the authority of the Member, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(f) Approve the annual operating and capital budgets of the Corporation, and recommend the same to Trinity Health for adoption as part of the consolidated operating and capital budgets of the Regional Health Ministry in which the Corporation participates;

(g) Approve any merger, consolidation, transfer or relinquishment of membership rights, or the sale of all or substantially all of the operating assets of the Corporation (certain transactions and transfers of real property and immovable goods may also be subject to the approval of Catholic Health Ministries), and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(h) Approve any dissolution, winding up or abandonment of operations, liquidation, filing of action in bankruptcy, receivership or similar action affecting the Corporation, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(i) Approve any formation or dissolution of Affiliates, partnerships, cosponsorships, joint membership arrangements, and other joint ventures involving the

Corporation, and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(j) Approve any pledge or encumbrance of assets whether pursuant to a sale, capital lease, mortgage, disposition, hypothecation, or other transaction in excess of limits established by Trinity Health (pledges or encumbrances of certain real property and immovable goods may also be subject to the approval of Catholic Health Ministries), and if required by the System Authority Matrix, recommend the same to Trinity Health for adoption and authorization;

(k) Approve any change to the structure or operations of the Corporation which would affect its status as a nonprofit entity, exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, and recommend the same to Trinity Health for approval; and

(l) Approve all other matters and take all other actions reserved to members of nonprofit corporations (or shareholders of for-profit-corporations, as the case may be) by the laws of the state in which the Corporation is domiciled or as reserved in the Governance Documents of the Corporation.

Section 3.03 Reserved Powers of Trinity Health

The following actions shall be reserved exclusively to Trinity Health. Trinity Health may initiate and implement any proposal with respect to any of the following, or if a proposal with respect to any of the following is otherwise initiated, it shall not become effective unless the requisite approval and other actions shall have been taken by Trinity Health, as required pursuant to the Corporation's Governance Documents:

(a) Adopt, amend, modify or restate the Certificate of Incorporation and Bylaws of the Corporation, in whole or in part, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(b) Approve those Significant Finance Matters which pursuant to the System Authority Matrix are subject to the authority of Trinity Health, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(c) Approve any merger, consolidation, transfer or relinquishment of membership rights, or the sale of all or substantially all of the operating assets of the Corporation (certain transactions and transfers of real property and immovable goods may also be subject to the approval of Catholic Health Ministries), or Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(d) Approve any dissolution, winding up or abandonment of operations, liquidation, filing of action in bankruptcy, receivership or similar action affecting the Corporation, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(e) Approve any formation or dissolution of Affiliates, partnerships, cosponsorships, joint membership arrangements, and other joint ventures involving the Corporation, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(f) Approve any pledge or encumbrance of assets whether pursuant to a sale, capital lease, mortgage, disposition, hypothecation, or other transaction in excess of limits established by Trinity Health (pledges or encumbrances of certain real property and immovable goods may also be subject to the approval of Catholic Health Ministries), or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(g) Approve any change to the structure or operation of the Corporation which would affect its status as a nonprofit entity, exempt from taxation under Section 501(c) of the Internal Revenue Code, or if Trinity Health receives a recommendation as to any such action, approve such action as recommended;

(h) Appoint and remove the independent fiscal auditor of the Corporation;

(i) In recognition of the benefits accruing to the Corporation from Trinity Health, and in accordance to any other rights reserved to Trinity Health under applicable law or Governance Documents of the Corporation, Trinity Health shall have the power to transfer assets of the Corporation, or to require the Corporation to transfer assets, to Trinity Health or an entity Controlled by, Controlling or under common Control with Trinity Health, whether within or without the state of domicile of the Corporation, to the extent necessary to accomplish Trinity Health's goals and objectives. The Corporation shall not be required to violate its corporate or charitable purposes, the terms of any restricted gifts, the covenants of its debt instruments, or the law of any applicable jurisdiction as a result of any asset transfers to be made to or directed by the Member or Trinity Health pursuant to this provision; and

(j) Neither the Corporation, nor any of its Affiliates, shall transfer assets to entities other than Trinity Health without the approval of Trinity Health, except for (i) transfers previously approved by Trinity Health, either individually or as part of Trinity Health's budget process, (ii) transfers to any entity which is a direct or indirect subsidiary of Trinity Health and that is subject to the reserved powers set forth in Sections 3.02 and 3.3 of these Bylaws, or (iii) transfers in the ordinary course of business.

Section 3.04 Meetings of the Member

Meetings of the Member shall be held at the principal office of the Member or as otherwise provided in the bylaws of the Member at such time and date determined in accordance with the bylaws of the Member. Notice of meetings of the Member shall be given in accordance with the bylaws of the Member.

Article IV. BOARD OF DIRECTORS

Section 4.01 Duties and Powers

With the exception of the powers reserved to the Member, Trinity Health or Catholic Health Ministries under the Corporation's Governance Documents or applicable law, the Board of Directors shall govern, regulate and direct the affairs and business of the Corporation, carry out such policies and guidelines as adopted by the Member and Trinity Health and carry out such responsibilities as shall be delegated to it by the Member and Trinity Health, all in a manner consistent with the Mission and Core Values of the Corporation. Additional descriptions of the duties and powers of the Board of Directors are set forth in the System Authority Matrix. Among the matters under the direction of the Corporation's Board of Directors are the following actions:

(a) Elect the officers of the Corporation (except the President);

(b) Approve the Medical/Dental staff credentials for the hospital facilities owned and operated by the Corporation;

(c) Oversee the Corporation's relationship with the Medical/Dental staff as contemplated in Article V of these Bylaws;

(d) Adopt, amend, or repeal the Medical/Dental staff bylaws;

(e) Adopt and amend from time to time rules, regulations, and policies for the conduct of the operations and affairs of the Corporation;

(f) Develop and monitor the Corporation's quality improvement programs and approve quality and safety standards that shall be consistent with Trinity Health System quality and safety standards;

(g) Conduct an annual review of the Corporation's quality and safety performance; and

(h) Recommend to the Member or Trinity Health matters relating to the Corporation that require the approval or other action of the Member or Trinity Health pursuant to the Corporation's Governance Documents.

Section 4.02 Appointments and Composition

The Member shall appoint a Board of Directors on the basis of qualifications and criteria established by the Member. Except as otherwise authorized by action of the Member, the members of the Corporation's Board of Directors shall include: (i) at least one representative of the Member, designated by the Member (who shall serve ex officio with vote) (the "Member Director"), and, unless the Chief Executive Officer/Executive Vice Chief Executive Officer of the Corporation is designated as the Member Director, the Chief Executive Officer/Executive Vice Chief Executive Officer of the Corporation

(who shall serve ex officio with vote), (ii) at least one physician, and (iii) members of the local community or members or associates of a Roman Catholic religious congregation who need not reside in the local community. Any exception to the Board composition requires the approval of the Member. The size of the Board shall be established by the Member, by policy or otherwise.

Section 4.03 Term

Directors shall serve a three-year term, or such shorter term as may be determined by the Member in order to achieve continuity in board composition. Ex officio members of the Board of Directors shall cease to be Directors upon the termination of their service in the office resulting in their ex officio service on the Board of Directors. Other than ex officio members, no Directors may serve for more than nine (9) consecutive years, unless appointed to complete the unexpired term of another Director, in which case a Director may serve for up to ten (10) consecutive years. Former Directors are eligible for reappointment after a one-year absence from service.

Section 4.04 Annual Meeting of the Board of Directors

An annual meeting of the Board of Directors shall be held at any time during the last six months of the calendar year for the purpose of the appointment of officers and the transaction of such other business as may properly come before the meeting. Notice of the annual meeting shall be given not less than ten (10) nor more than sixty (60) days before the date of the meeting. The meeting notice shall specify the date, time and place of the meeting. Presence at any such meeting shall be deemed to be waiver of notice of said meeting.

Section 4.05 Regular Meetings and Notice

Regular meetings of the Board of Directors shall be held as determined by the Board but no less frequently than quarterly at such time, place and date as determined from time to time by the Board of Directors. An agenda, indicating items requiring a vote of the members of the Board of Directors, together with copies of reports, statements and other supporting information shall be mailed by the Chief Executive Officer prior to meetings. No notice of regular meetings shall be required other than the resolution setting the time, place and date of the meeting.

Section 4.06 Special Meetings and Notice

Special meetings of the Board may be called by or at the request of the Chair, by written request of any two (2) members of the Board, or by the Member. The special meeting shall be held within five (5) days after receipt of such request. Notice of the special meeting shall be given in writing, personally, by telephone, electronic transmission or by facsimile transmission at least forty-eight (48) hours prior to the special meeting. The notice of any special meeting shall state the purpose for which it is called. No other business shall be transacted at the special meeting except for that business stated in the notice.

Section 4.07 Waiver of Notice

Attendance of a Director at a meeting constitutes a waiver of notice of the meeting except where a Director attends a meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Notice also may be waived in writing, either before or after the meeting.

Section 4.08 Quorum and Valid Director Action

At all meetings of the Board, a simple majority of the Directors then in office shall constitute a quorum for the transaction of business. The vote of a majority of the Directors present and voting at any meeting at which a quorum is present shall constitute the act of the Board, unless the vote of a larger number is specifically required by law, or by the Certificate of Incorporation, Bylaws or policies of the Corporation.

Section 4.09 Written Consents

Any action required or permitted to be taken by vote at any meeting of the Board or of any committee thereof may be taken without a meeting, if before or after the action, all members of the Board or committee consent in writing. The written consents shall be filed with the minutes of proceedings of the Board or committee. Such consents shall have the same effect as a vote of the Board or committee for all purposes.

Section 4.10 Communication Equipment

Members of the Board of Directors, or any committee designated by the Board, may participate in a meeting of the Board or committee by means of teleconference, video conference or similar communications equipment by virtue of which all persons participating in the meeting may hear each other if all participants are advised of the communications equipment and the names of the participants in the conference are divulged to all participants. Participation in a meeting pursuant to this section shall constitute presence in person at such meeting.

Section 4.11 Resignation

Any Director may resign by written notice to the Chair of the Board. The Chair of the Board may resign by written notice to the Corporation's President who shall promptly thereafter notify the entire Board of Directors. Resignations shall be effective upon receipt or at a subsequent time if specified in the notice of resignation.

Section 4.12 Removal

Any Director may be removed with or without cause at any time by the Member. Absences of a Director from three (3) consecutive regular meetings of the Board of Directors may constitute cause for removal from the Board of Directors.

Section 4.13 Periodic Performance Review

The Board of Directors shall periodically review its own performance and issue reports to Trinity Health summarizing the results of its review.

Article V. MEDICAL/DENTAL STAFF

Section 5.01 Medical/Dental Staff Bylaws

The Medical/Dental staff of the hospital operated by the Corporation shall be organized pursuant to the bylaws of the Medical/Dental staff. The bylaws shall (i) describe the organization of the medical staff, (ii) describe the qualifications and criteria for Medical/Dental staff appointment and privilege determinations, (iii) state the duties and privileges of each category of the Medical/Dental staff, (iv) include procedures for recommendations by the Medical/Dental staff on the appointment of members of the Medical/Dental staff, the delineation of their staff privileges and the initiation of corrective action taken against any member, and (v) state the requirements for completion and documentation of patient histories and physical exams. The Medical/Dental staff bylaws also shall contain procedures for the resolution of disputes that may arise regarding the granting, denial or limitation of staff privileges or corrective action taken against any member of the Medical/Dental staff, including a hearing and appeal process and the circumstances in which such hearing/appeal rights will be made available. Bylaws, rules, regulations, and policies of the Medical/Dental staff may be proposed and adopted by the Medical/Dental staff of the hospital (or other health care provider that has a Medical/Dental staff), but the bylaws, rules, regulations, policies, and amendments thereto shall not become effective until approved by the Corporation's Board of Directors.

The Board of Directors shall have final responsibility for (i) appointment and reappointment of the members of the Medical/Dental staff and delineation of their staff privileges; (ii) taking such corrective action relating to Medical/Dental staff members as it deems appropriate; (iii) ratifying the selection of Medical/Dental staff officers made by the Medical/Dental staff; (iv) ratifying the selection of heads of the departments of the Medical/Dental staff; (v) reviewing and monitoring the quality improvement programs developed by the Medical/Dental staff; and (vi) determining which categories of practitioners are eligible for appointment to the Medical/Dental Staff. The Medical/Dental staff bylaws are not deemed to be a contract and are not intended to create contractual rights or responsibilities. The Board of Directors reserves the authority to take any direct action with respect to any Medical/Dental staff appointee action it deems to be in the best interests of the hospital operated by the Corporation, whether initiated by the Medical/Dental staff or not, and the decision of the Board shall be final.

Section 5.02 Medical/Dental Staff of Operating Units

The powers described in this Article V may be delegated to the governing body of an unincorporated operating division of governance and management of the Corporation

("Operating Unit") where such Operating Unit governing body is responsible for the operation of a hospital under applicable state law or standards of accrediting agencies. Such delegation may be accomplished by resolution or by setting forth the powers and duties of such governing body in the bylaws of the Operating Unit.

Article VI. COMMITTEES

Section 6.01 Committees

The Executive Committee of the Board of Directors and such other committees as state law may require shall be standing committees of the Corporation. The Board of Directors may establish such additional standing or special committees from time to time as it shall deem appropriate to conduct the activities of the Corporation and shall define the powers and responsibilities of such committees. Those other committees shall serve at the pleasure of the Board. The Corporation shall not have a separate audit committee as matters related to the audit of the Corporation's finances are consolidated at the Trinity Health level. The Board shall establish the purpose, composition, term and other operating matters relative to each such other committee. Each committee shall keep minutes in some manner reasonably intended to record the business that occurred at the meeting and shall forward these minutes to the Board of Directors.

Section 6.02 Executive Committee

There shall be an Executive Committee, consisting of the Chair of the Board, who shall serve as chair of the Executive Committee, the Chief Executive Officer, and at least two (2) other Directors selected by vote of the Board of Directors. All members of the Executive Committee must be members of the Board of Directors. The Executive Committee shall meet on the call of the Chair or President. Except as otherwise provided by resolution of the Board or as limited by law, the Executive Committee shall exercise the power and authority of the Board when necessary or advisable between meetings of the Board and shall exercise such other powers as may be assigned from time to time by the Board. The Executive Committee shall report on its actions at the next meeting of the Board and such actions shall be subject to revision and alteration of the Board; provided, however, that the rights of third parties shall not be affected by any such revision or alteration.

Section 6.03 Service on Committees

The committees shall establish rules and regulations for meetings and shall meet at such times as are necessary, provided that a reasonable notice of all meetings shall be given to committee members. No act of a committee shall be valid unless approved by the vote or written consent of a majority of its members. Committees shall keep regular minutes of their proceedings and report the same to the Board from time to time as the Board may require. Members of the committees (except the Executive Committee) shall be appointed for one (1) year by the Chair of the Board of Directors as soon as possible after the annual meeting of the Board. Members of the committees shall serve on their respective committees through the next annual meeting or until their successors are

appointed. The Chair of the Board shall fill vacancies on committees (except the Executive Committee) and appointees shall serve through the next annual meeting. The President shall be an ex officio member of all committees, except for any committee that reviews compliance or executive compensation matters.

Section 6.04 Quorum, Meetings, Rules and Procedures

A quorum for any meeting of a committee shall be a simple majority of the committee members or as otherwise required by applicable law, except that any ex officio members of the committee shall not be included in calculating the quorum requirement unless they are present at the meeting, in which event they shall be included towards meeting the quorum requirement. The affirmative vote of a majority of the quorum is necessary to take action of the committee, including the affirmative vote of at least one (1) member of the Board present at the meeting of the committee in order to take any action other than recommendation by the committee to the Board or Executive Committee. Minutes of all committee meetings shall be kept and forwarded to the Board. Each committee shall adopt rules for its own governance not inconsistent with these Bylaws or the acts of the Board.

Section 6.05 Committee Composition

The members and all chairs of committees other than the Executive Committee shall be appointed by the Chair of the Board. The chair of each committee shall be a Director. Committees, other than the Executive Committee, may include persons other than members of the Board of Directors; provided that each standing committee shall have at least two (2) Director members in addition to the Chair and Chief Executive Officer who shall serve ex officio; and provided further, that no authority of the Board may be delegated to a committee unless the majority of the members of such committee with Board delegated authority are members of the Board of Directors and otherwise in accordance with applicable law.

Article VII. OFFICERS

Section 7.01 Officers

The officers of the Corporation shall be the Chair, President, Secretary and Treasurer. Additionally, upon recommendation of the President, the Board of Directors may appoint a Vice Chair, an Assistant Secretary, an Assistant Treasurer, and such other officers of the Corporation as shall be deemed necessary and appropriate from time to time. Officers shall hold their respective offices until their successors are chosen and qualified.

Section 7.02 Appointment and Election of Officers

The President of the Corporation shall be appointed, evaluated, reappointed and/or removed by the Member. The President shall be Chief Executive Officer of the Corporation and any vacancy in the office of President shall be filled by the Member. The Chair shall serve a term of one (1) year and may be elected for a total of three (3)

consecutive complete one year terms. The Chair, Treasurer and Secretary of the Corporation shall be elected at the annual meeting of the Directors by the Board of Directors. The Treasurer and Secretary need not be members of the Board.

Section 7.03 Vacancies

Vacancies, occurring for any reason, shall be filled in the same manner as appointment or election and the officer so appointed or elected shall hold office until a successor is chosen and qualified.

Section 7.04 Chair

The Chair shall preside at the Board meetings and shall be an ex-officio voting member of all committees.

Section 7.05 President

The President shall have general and active management responsibility for the business of the Corporation and shall see that all orders and resolutions of the Board of Directors and the policies of the Member are carried into effect, consistent with the Mission and Core Values of the Corporation. The President shall be responsible for the appointment, evaluation, compensation and removal of the respective executive officers of those corporations of which the Corporation is the member or other controlling shareholder or owner. The President shall be a voting ex officio member of all committees and shall have the general powers and duties of supervision and management usually vested in the office of President of a corporation.

Section 7.06 Secretary

The Secretary of the Corporation shall issue, or cause to be issued, notices of all Board meetings, shall be responsible for the keeping and the reporting of adequate records of all transactions of the Board, and shall record the minutes of all meetings of the Board of Directors. The Secretary shall further perform such other duties incident to his or her office and as the Board of Directors may from time to time determine.

Section 7.07 Treasurer

The Treasurer of the Corporation shall be responsible for all funds of the Corporation, shall make reports to the Board of Directors as requested by the Board of Directors, and shall see that an accounting system is maintained in such a manner as to give a true and accurate accounting of the financial transactions of the Corporation. The Treasurer shall further perform such other duties incident to his or her office as the Board of Directors may from time to time determine. The Treasurer may delegate any of the functions, powers, duties, and responsibilities to any agent or employee of the Corporation. In the event of such delegation, the Treasurer shall thereafter be relieved of all responsibility for the proper performance or exercise thereof.

Article VIII. INDEMNIFICATION AND STANDARD OF CARE

Section 8.01 Indemnification

The Corporation shall, to the maximum extent allowed by law, indemnify those persons (including religious congregations and their members or other canonical persons and their members) who

(a) are serving or have served as members, trustees, directors, sponsors, officers, employees, committee or subcommittee members, or agents of the Corporation, or

(b) are serving or have served at the request of the Corporation as a member, trustee, director, sponsor, officer, employee, committee or subcommittee member, agent, manager, or partner of another corporation, partnership, joint venture, trust, employee benefit plan, limited liability company or other enterprise, whether for profit or nonprofit, against expenses (including attorney's fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred in connection with such action, suit, or proceeding.

Section 8.02 Insurance

Except as may be limited by law, the Corporation may purchase and maintain insurance on behalf of any person (including religious congregations and their members or other canonical persons and their members) who

(a) is or was a member, trustee, director, sponsor, officer, employee, committee or subcommittee member, or agent of the Corporation, or

(b) is or was serving at the request of the Corporation as a member, trustee, director, sponsor, officer, employee, committee or subcommittee member, agent, manager, or partner of another corporation, partnership, joint venture, trust, employee benefit plan, limited liability company or other enterprise, whether for profit or nonprofit, to protect against any liability asserted against him or her and incurred by him or her in any such capacity, or arising out of his or her status as such, whether or not this Corporation would have power to indemnify him or her against such liability under state law.

Section 8.03 Standard of Care

Each Director shall stand in a fiduciary relation to the Corporation and shall perform his or her duties as a Director, including his or her duties as a member of any committee of the Board upon which he or she may serve, in good faith, in a manner he or she reasonably believes to be in the best interests of the Corporation, the Member and Trinity Health, and with such care, including reasonable inquiry, skill and diligence, as a person of ordinary prudence would use under similar circumstances.

Section 8.04 Justifiable Reliance

In performing his or her duties, a Director (including when such Director is acting as an officer of the Corporation) shall be entitled to rely in good faith on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by any of the following:

(a) One or more officers or employees of the Corporation whom the Director reasonably believes to be reliable and competent in the matters presented.

(b) Counsel, public accountants or other persons on matters that the Director reasonably believes to be within the professional or expert competence of such person.

(c) A committee of the Board upon which he or she does not serve, duly designated in accordance with law, as to matters within its designated authority, which committee the Director reasonably believes to merit confidence.

A Director shall not be considered to be acting in good faith if he or she has knowledge concerning the matter in question that would cause his or her reliance to be unwarranted.

Section 8.05 Consideration of Factors

In discharging the duties of their respective positions, the Board of Directors, committees of the Board and individual Directors may, in considering the best interests of the Corporation, the Member and Trinity Health, consider the effects of any action upon employees, upon suppliers and customers of the Corporation and upon communities in which offices or other establishments of the Corporation, the Member and Trinity Health are located, and all other pertinent factors. The consideration of those factors shall not constitute a violation of the standards described herein.

Section 8.06 Presumption

Absent breach of fiduciary duty, lack of good faith or self-dealing, actions taken as a Director or any failure to take any actions shall be presumed to be in the best interests of the Corporation, the Member and Trinity Health.

Section 8.07 Personal Liability of Directors

No Director shall be personally liable for monetary damages for any action taken, or any failure to take any action, unless the Director has breached or failed to perform the duties of his or her office under the standards described herein, has engaged in self-dealing, or the action or inaction constitutes willful misconduct or recklessness. The provisions of this Section shall not apply to the responsibility or liability of a Director pursuant to any criminal statute or the liability of a Director for the payment of taxes pursuant to local, state or federal law.

Nothing in this Article is intended to preclude or limit the application of any other provision of law that may provide a more favorable standard or higher level of protection for the Corporation's Directors.

Article IX. SUBSIDIARIES AND VOLUNTARY HOSPITAL SERVICE ORGANIZATIONS

Section 9.01 Authority

In accordance with policies of Trinity Health, including without limitation those referenced in the System Authority Matrix, each organization of which the Corporation is the sole or majority member or owner shall have reserved certain powers to be exercised by this Corporation.

Section 9.02 Voluntary Hospital Service Organizations

The Board of Directors may authorize the establishment or dissolution of voluntary service organizations, such as an auxiliary to the Corporation or any Operating Unit of the Corporation. Such organization may be a non-profit corporation or voluntary association. No service organization may be established without approval of the Board of Directors, subject to the reserved powers of the Member and Trinity Health and any guidelines or policies established by Trinity Health with respect to voluntary organizations.

Article X. OPERATING UNITS

Section 10.01 Authority

The Board of Directors of the Corporation may organize the operations of the Corporation into one or more other Operating Units of governance and management that shall have such powers and shall carry out such responsibilities as shall be delegated to them pursuant to the policies of the Corporation and Trinity Health in effect from time to time.

Article XI. MISCELLANEOUS

Section 11.01 Fiscal Year

The fiscal year of the Corporation shall end on the 30th day of September of each year and shall begin on the 1st day of October of each year.

Section 11.02 Required Records

The officers, agents and employees of the Corporation shall maintain such books, records and accounts of the Corporation’s business and affairs as may be from time to time required by the Board of Directors, or required by the laws of the state in which the Corporation is domiciled.

Section 11.03 Confidentiality

Except as otherwise publicly disclosed, or in order to appropriately conduct the Corporation's business, the records and reports of the Corporation shall be held in confidence by those persons with access to them.

Section 11.04 Conflict of Interest

Each of the Corporation's officers and members of the Board shall at all times act in a manner that furthers the Corporation's charitable purposes and shall exercise care that he or she does not act in a manner that furthers his or her private interests to the detriment of the Corporation's community benefit purposes. The Corporation's officers and members of the Board shall fully disclose to the Corporation any potential or actual conflicts of interest, if such conflicts cannot be avoided, so that such conflicts are dealt with in the best interests of the Corporation. Conflicts of interest shall be resolved in accordance with the Corporation's conflict of interest policy. The Corporation and all its officers and members of the Board shall comply with any policies of the Corporation and Trinity Health regarding conflicts of interest, as well as the requirements of applicable state law regarding such conflicts, and shall complete any and all disclosure forms as may be deemed necessary or useful by the Corporation for identifying potential conflicts of interest.

Article XII. AMENDMENT AND REVIEW

Section 12.01 Amendment

These Bylaws may be amended only in accordance with Article III of these Bylaws.

Section 12.02 Periodic Review

These Bylaws shall be reviewed periodically by the Board of Directors and any recommended revisions shall be forwarded to the Member and Trinity Health for action.

EXHIBIT A

System Authority Matrix (Refer to

Exhibit C above)

DISCLOSURE SCHEDULES

These Disclosure Schedules (these "Disclosure Schedules") are being delivered pursuant to the terms of that certain Membership Transfer Agreement (the "Agreement"), dated as of December 17, 2014, by and between Trinity Health Corporation, an Indiana nonprofit corporation ("Trinity Health"), and Saint Francis Care, Inc., a Connecticut nonstock corporation ("Saint Francis"). The substitution of Trinity Health for the Archbishop of Hartford as the sole member of Saint Francis and the other transactions contemplated by the Agreement are referred to collectively in these Disclosure Schedules as the "Transaction".

Capitalized terms used in these Disclosure Schedules and not otherwise defined herein shall have the respective meaning ascribed thereto in the Agreement. Any headings herein are included for convenience of reference only and shall be ignored in the construction and interpretation hereof. Any summary of or reference to a written document in this Disclosure Schedule shall be deemed to refer to the version of such document in the form that it has been made available to Trinity Health via the electronic data room set up for this transaction at https://datasite.merrillcorp.com.

Note: These Disclosure Schedules are current through September 22, 2015. The Parties have waived updates from the period from September 23, 2015 through October 1, 2015. Notwithstanding the foregoing, the Parties have disclosed the following items after September 22, 2015:

1. Offer Letter extended as of September 22, 2015 for Senior Vice President Business Growth Planning and Development, executed on September 24, 2015 for commencement on October 1, 2015.
2. Executed Offer Letter extended as of September 2, 2015 to Sandeep Gupta, MD as a surgeon in the Section of Cardiovascular Surgery at Saint Francis Hospital and Medical Center, as an employee of Saint Francis Medical Group, Inc. St. Francis is currently drafting an employment agreement with Dr. Gupta for commencement on January 13, 2016 or another mutually agreed upon date.
3. Executed Offer Letter extended as of September 2, 2015 to Christine Rizk, MD as a staff surgeon in the Department of Surgery at Saint Francis Hospital and Medical Center and Medical Director at the Comprehensive Women's Center, as an employee of Saint Francis Medical Group, Inc. St. Francis is currently drafting an employment agreement with Dr. Rizk for commencement on January 13, 2016 or another mutually agreed upon date.
4. Saint Francis has separately provided Trinity Health with updated loss runs as of September 29, 2015.

The Parties note that additional updates after September 22, 2015 may also be included in these Disclosure Schedules.

SCHEDULE 1A

SAINT FRANCIS PERSONS INCLUDED IN "KNOWLEDGE" DEFINITION

Christopher M. Dadlez, President and Chief Executive Officer

John F. Rodis, Executive Vice President and Chief Operating Officer

David M. Bittner, Senior Vice President, Finance

Jennifer Schneider, Vice President, Finance

Janeanne Lubin-Szafranski, Vice President, General Counsel

Dawn Bryant, Senior Vice President, Human Resources

SCHEDULE 1B

TRINITY HEALTH PERSONS INCLUDED IN "KNOWLEDGE" DEFINITION

Agnes Hagerty, Deputy General Counsel

Daniel P. Moen, President and Chief Executive Officer, Sisters of Providence Health System

Andrei M. Costantino, Vice President of Integrity & Compliance

SCHEDULE 3.02

BOARD OF DIRECTORS AND OFFICERS OF NEW RHM

The 13 following Board Members have been appointed as of October 1, 2015:

Ellison Berns, MD
Judith Carey, RSM
Mary Caritas, SP
Christopher Herald Comey, MD
Christopher Dadlez
Karl Krapek
Joyce Mandell
Daniel O'Connell, Chair
Kevin O'Connor, Vice Chair
Timothy L. Prete
Curtis D. Robinson
Phil J. Schulz
John Sojoberg

The following positions have been authorized and will be named at a future date:

Trinity Health Representative
Sisters of Providence Representative
Saint Mary's Health System Representative (Clinician)
Two additional Saint Mary's Health System Representatives

The following Board Officers have been appointed as of October 1, 2015:

Daniel O'Connell, Chair
Kevin O'Connor, Vice Chair
Janeanne Lubin-Szafranski, Secretary
David Bittner, Treasurer

SCHEDULE 6.04

CONFLICTS; CONSENTS

Note: For each of the listed arrangements denoted by an asterisk, there are no express requirements to provide notice or obtain consent as a result of the transaction whereby Trinity Health will become the sole member of Saint Francis *Care* (the "Transaction"); however, language exists in the relevant documents that could be interpreted to require notice or consent. For each such arrangement, notice of the Transaction will be provided as a matter of courtesy and as expeditiously as possible following the Closing Date but in no event later than 30 days following the Closing Date. The Parties to the arrangements listed at 10, 11, and 12 under Notices, however, have been sent notice as of the Closing Date

Consents

1. *Aetna, Inc. Physician Group Agreement with Saint Francis Behavioral Health Group, PC (SFBHG) dated as of February 15, 2010. Section 6.4 allows Aetna to terminate the agreement due to the change of control of SFBHG to an entity not acceptable to Aetna. "Change of control" is not defined and could be interpreted to include the membership substitution contemplated by the Membership Transfer Agreement (MTA).

2. *The Urban League of Greater Hartford, Inc. Lease with SFHMC and Saint Francis *Care*, Inc. (SFC) dated as of September 14, 2012. Section 19.1(a) requires Landlord's consent to any "Transfer". The definition of "Transfer" in Section 19.1(a) does not include the membership substitution contemplated by the MTA, but the intended clarification of the definition of "Transfer" in Section 19.2 actually creates an ambiguity so that the term could be interpreted to include the membership substitution contemplated by the MTA.

Notices

1. *Anthem Health Plans, Inc. d/b/a Anthem Blue Cross and Blue Shield Facility Agreement with Saint Francis Hospital and Medical Center (SFHMC) dated as of January 1, 2012. Section 2.13 requires prompt written notice of any change in facility affiliation; Section 9.3 requires prior notice if the "Facility is acquired or controlled by any other entity through any manner". These terms are not defined and could be interpreted to include the membership substitution contemplated by the MTA.

2. *Anthem Health Plans, Inc. d/b/a Anthem Blue Cross and Blue Shield Participating Rehabilitation Facility Agreement with The Rehabilitation Hospital of Connecticut, n/k/a Mount Sinai Rehabilitation Hospital, Inc. (MSRH), dated as of December 1, 2004. Section II (F)(1) requires 5 days' advance notice of "any change in the ownership of the Facility". "Change in ownership" is not defined and could be interpreted to include the membership substitution contemplated by the MTA.

3. *ComPsych Corporation Facility Agreement with SFHMC dated as of September 19, 2003. Section 5.1 requires immediate notification of "[a]ny changes in … ownership". "Change in ownership" is not defined and could be interpreted to include the membership substitution contemplated by the MTA.

4. *Integrated Health Plan, Inc. Participating Hospital Agreement with SFBHG dated as of February 22, 2008. Section II (O) requires ***45 days' advance written notice*** of "a sale or transfer of ownership of Hospital". "Sale or transfer of ownership" is not defined and could be interpreted to include the membership substitution contemplated by the MTA.

5. *Preferred Mental Health Management, Inc. Preferred Provider Agreement with SFHMC (undated; SFHMC was accepted into panel on January 13, 2005). Section 12.1.c requires notice of a "merger [or] acquisition" within 10 days of finalization. These terms are not defined and could be interpreted to include the membership substitution contemplated by the MTA.

6. *United Behavioral Health Facility Participation Agreement with SFHMC dated as of February 14, 2000. Section 6 requires notification within 10 days of knowledge of a change of ownership. "Change of ownership" is not defined and could be interpreted to include the membership substitution contemplated by the MTA.

7. *United HealthCare of New England and United Health Networks, Inc. Ancillary Provider Participation Agreement with Collaborative Laboratory Services, LLC (CLS) dated as of April 1, 2003. Section 6.1 requires notice within 10 days of any "change in Provider's … ownership". "Change in ownership" is not defined and could be interpreted to include the membership substitution contemplated by the MTA.

8. *United HealthCare Insurance Company/United HealthCare of New England, Inc. Facility Participation Agreement with SFHMC dated as of February 1, 2006. Section 4.8 requires notice within 10 days of "any change in Facility's … ownership [or] control." These terms are not defined and could be interpreted to include the membership substitution contemplated by the MTA.

9. *United HealthCare Insurance Company/United HealthCare of New England, Inc. Facility Participation Agreement with MSRH dated as of April 1, 2011. Section 4.8 requires notice within 10 days of "any change in Facility's … ownership [or] control." These terms are not defined and could be interpreted to include the membership substitution contemplated by the MTA.

10. *State of Connecticut Department of Public Health Purchase of Service Contract with SFHMC, Contract #2014-0046, effective as of July 1, 2013.

- Part II.A.7(a) requires notice of changes in officers and members of SFHMC's Board of Directors.
- Part II.D.2(a)(1) requires 90 days' advance notice of "any fundamental changes in [SFHMC's] corporate status, including merger [or] acquisition". These terms are not defined but could be interpreted to include the membership substitution contemplated by the MTA.
- Part II.D.2(a)(2) requires notice within 10 days after any change in SFHMC's certificate of incorporation or other controlling document or more than a controlling interest in the ownership of SFHMC. "Controlling interest" is not defined but could be interpreted to include the membership substitution contemplated by the MTA.

- Part II.A.7(b) allows the Department of Public Health (DPH) to determine whether to approve of these changes or terminate the Contract.

11. *State of Connecticut Department of Public Health Purchase of Service Contract with SFHMC, Contract #2015-0080, effective as of September 1, 2014
    - Part II.A.7(a) requires notice of changes in officers and members of SFHMC's Board of Directors.
    - Part II.D.2(a)(1) requires 90 days' advance notice of "any fundamental changes in [SFHMC's] corporate status, including merger [or] acquisition". These terms are not defined but could be interpreted to include the membership substitution contemplated by the MTA.
    - Part II.D.2(a)(2) requires notice within 10 days after any change in SFHMC's certificate of incorporation or other controlling document or more than a controlling interest in the ownership of SFHMC. "Controlling interest" is not defined but could be interpreted to include the membership substitution contemplated by the MTA.
    - Part II.A.7(b) allows the Department of Public Health (DPH) to determine whether to approve of these changes or terminate the Contract.

12. *State of Connecticut Department of Children and Families Purchase of Service Contract with SFHMC, Contract #16DCF0028AA, effective as of July 1, 2015.

    - Part II.D.2(a)(1) requires 90 days' advance notice of "any fundamental changes in [SFHMC's] corporate status, including merger [or] acquisition". These terms are not defined but could be interpreted to include the membership substitution contemplated by the MTA.
    - Part II.D.2(a)(2) requires notice within 10 days after any change in SFHMC's certificate of incorporation or other controlling document or more than a controlling interest in the ownership of SFHMC. "Controlling interest" is not defined but could be interpreted to include the membership substitution contemplated by the MTA.

13. *Lease between Dorset Crossing, LLC and SFHMC dated as of April 27, 2011. Section 7.01 requires Landlord's consent to assignment of the Lease, which consent will not be unreasonably withheld or delayed. Section 7.02(iii) defines "assignment" to include "any reorganization of Tenant". "Reorganization" is not defined and could be interpreted to include the membership substitution contemplated by the MTA.

14. *Anthem Health Plans, Inc. d/b/a Anthem Blue Cross and Blue Shield Participating Provider Agreement with SFBHG, f/k/a PATH, PC, dated as of March 1, 2003. Section II.E requires notice within 7 days after the occurrence of any material changes in SFBHG's ownership. "Change in ownership" is not defined but could be interpreted to include the membership substitution contemplated by the MTA.

Other consents and approvals disclosed as of December 17, 2014:

- Consents required pursuant to documents executed in connection with issuance of $39,745,000 CHEFA Revenue Bonds, Series E

- Consents required pursuant to the documents executed in connection with issuance of $50,000,000 CHEFA Revenue Bonds, Series H
- Consents required pursuant to documents executed in connection with issuance of $60,000,000 CHEFA Revenue Bonds, Series I
- Consents required pursuant to the documents executed in connection with issuance of $40,000,000 CHEFA Revenue Bonds, Series J
- Consents required pursuant to the documents executed in connection with issuance of $35,000,000 CHEFA Revenue Bonds, Series K
- Consents required pursuant to the documents executed in connection with issuance of $20,000,000 CHEFA Revenue Bonds, Series L
- Consents required pursuant to documents executed in connection with issuance of $8,215,000 CHEFA Revenue Bonds, Series M
- Consents required pursuant to documents executed in connection with interest rate swap arrangements with Bank of America.
- Consents required pursuant to documents executed in connection with interest rate swap arrangements Morgan Stanley.

Update as of September 22, 2015:

Due to refunding of the outstanding bonds at closing and termination of the swaps, no consents are required for the above debt instruments.

Consent required pursuant to documents executed in connection with the $5,000,000 line of credit with Bank of America.

Consents, approvals, Permits, Governmental Orders, declaration and filings with, or notices to the following Governmental Authorities were identified as possibly being required by or with respect to Saint Francis or the Saint Francis Controlled Subsidiaries in connection with the execution and delivery of the Agreement and the other Transaction Documents and the consummation of the transactions contemplated hereby and thereby. The status of these notices and consents as of September 22, 2015 is set forth below:

Roman Catholic Archdiocese of Hartford- Consent has been received.

Holy See, Roman Catholic Church-Consent has been received.

State of Connecticut Office of HealthCare Access-Consent has been received.

Office of the Attorney General of the State of Connecticut-Notice provided.

Federal Trade Commission-Hart Scott Rodino filing was made and the waiting period expired with no further action.

As of December 17, 2014, it was determined that consent may be required in respect of the following entities:

Saint Francis Health Care Partners, Inc.
Saint Francis GI Endoscopy, LLC

Greater Hartford Lithotripsy, LLC
Mount Sinai Hospital Foundation, Inc.
Masonicare Partners and Hospice, Inc.
Saint Francis Hospital Fitness Forum, LLC
Connecticut Occupational Medicine Partners, LLC

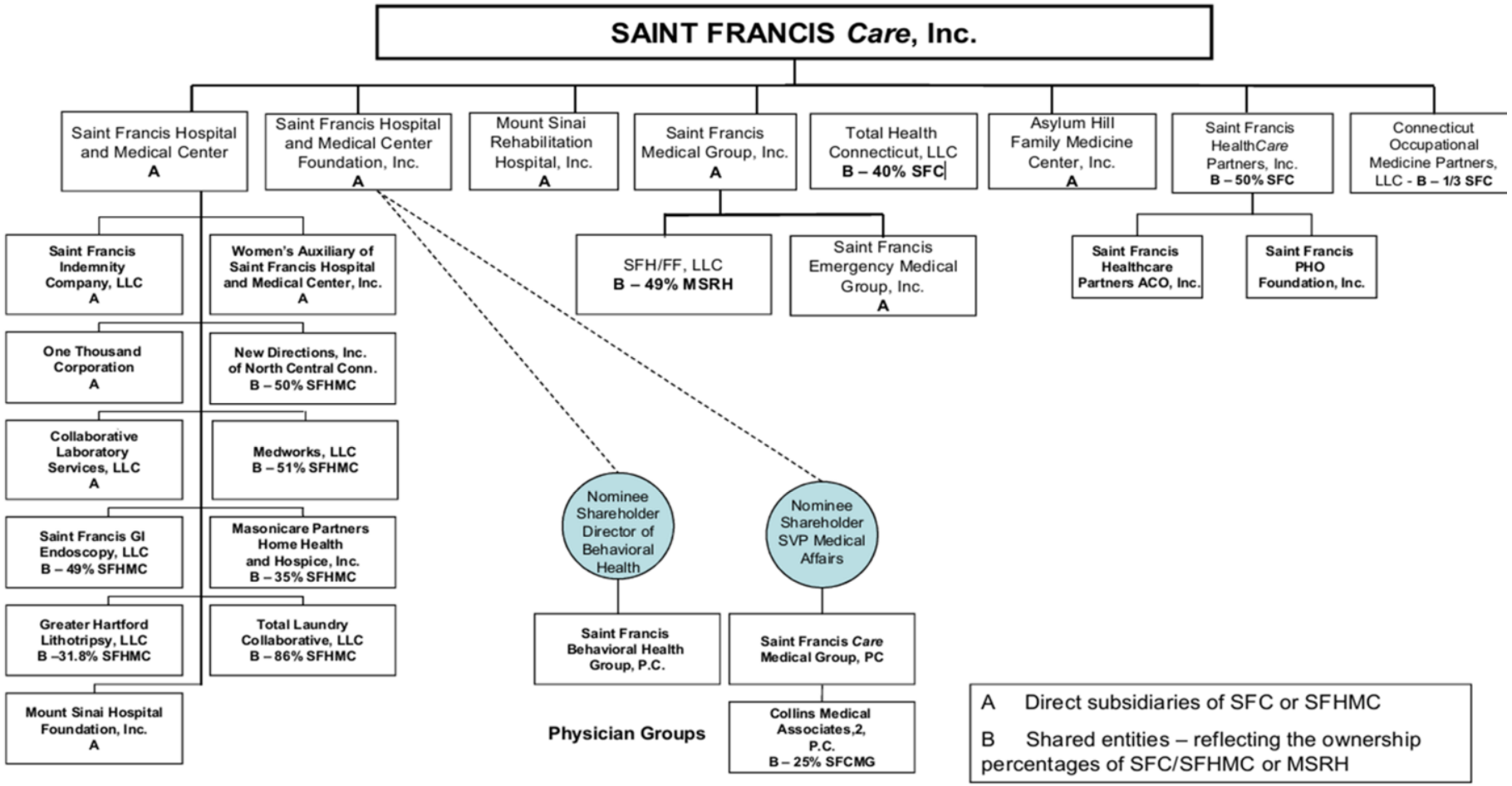
Update as of September 22, 2015:

Per further review, no consent required.

SCHEDULE 6.05

ORGANIZATIONAL CHART

[SEE ATTACHED]


SAINT FRANCIS Care, Inc.
Saint Francis Hospital and Medical Center
A
Saint Francis Hospital and Medical Center Foundation, Inc.
A
Mount Sinai Rehabilitation Hospital, Inc.
A
Saint Francis Medical Group, Inc.
A
Total Health Connecticut, LLC
B – 40% SFC
Asylum Hill Family Medicine Center, Inc.
A
Saint Francis HealthCare Partners, Inc.
B – 50% SFC
Connecticut Occupational Medicine Partners, LLC - B – 1/3 SFC
Saint Francis Indemnity Company, LLC
A
Women's Auxiliary of Saint Francis Hospital and Medical Center, Inc.
A
One Thousand Corporation
A
New Directions, Inc. of North Central Conn.
B – 50% SFHMC
Collaborative Laboratory Services, LLC
A
Medworks, LLC
B – 51% SFHMC
Saint Francis GI Endoscopy, LLC
B – 49% SFHMC
Masonicare Partners Home Health and Hospice, Inc.
B – 35% SFHMC
Greater Hartford Lithotripsy, LLC
B –31.8% SFHMC
Total Laundry Collaborative, LLC
B – 86% SFHMC
Mount Sinai Hospital Foundation, Inc.
A
SFH/FF, LLC
B – 49% MSRH
Saint Francis Emergency Medical Group, Inc.
A
Saint Francis Healthcare Partners ACO, Inc.
Saint Francis PHO Foundation, Inc.
Nominee Shareholder Director of Behavioral Health
Nominee Shareholder SVP Medical Affairs
Saint Francis Behavioral Health Group, P.C.
Saint Francis Care Medical Group, PC
Physician Groups
Collins Medical Associates,2, P.C.
B – 25% SFCMG
A Direct subsidiaries of SFC or SFHMC
B Shared entities – reflecting the ownership percentages of SFC/SFHMC or MSRH
8/6/15

SCHEDULE 6.08

ABSENCE OF CERTAIN CHANGES, EVENTS AND CONDITIONS

Section 6.08(a)

The class action complaint, dated July 21, 2015, brought by Carol Kemp-DeLisser on behalf of herself and all others similarly situated against Saint Francis Hospital and Medical Center, Saint Francis Hospital and Medical Center Finance Committee, Saint Francis Hospital and Medical Center Retirement Committee, and John Does 1-20.

Section 6.08(b)

- Saint Francis Care, Inc. amended its Certificate of Incorporation, dated June 17, 2015.
- Saint Francis Medical Group, Inc. amended and restated its Bylaws, dated March 26, 2015.
- Collaborative Laboratory Services, LLC amended and restated its Operating Agreement, dated April 24, 2015.
- Saint Francis Behavioral Health Group, PC amended and restated its Bylaws, dated March 2, 2015.
- Saint Francis Emergency Medical Group, Inc. amended and restated its Bylaws, dated March 26, 2015.
- Saint Francis Hospital and Medical Center, Inc. amended its Certificate of Incorporation and Bylaws to be effective October 1, 2015
- Saint Francis Care, Inc. amended its Certificate of Incorporation and Bylaws to be effective October 1, 2015
- Asylum Hill Family Medicine Center, Inc. amended its Certificate of Incorporation and Bylaws to be effective October 1, 2015
- Saint Francis Medical Group, Inc. amended its Certificate of Incorporation and Bylaws to be effective October 1, 2015
- Mount Sinai Rehabilitation Hospital amended its Certificate of Incorporation and Bylaws to be effective October 1, 2015

Section 6.08(c)

None.

Section 6.08(d)

None.

Section 6.08(e)

None.

Section 6.08(f)

None.

Section 6.08(g)

That certain letter, dated December 12, 2014, to Saint Francis Hospital and Medical Center from OneBeacon Professional Insurance regarding the coverage position of Atlantic Specialty Insurance Company under the Healthcare Organization Liability Insurance policy with respect to the claims of Elizabeth Smith, M.D.

That certain letter, dated December 15, 2014, to Saint Francis Hospital and Medical Center from OneBeacon Professional Insurance regarding the preliminary coverage analysis under the Healthcare Organization Liability Insurance policy with respect to the claims of Merry Bajana.

That certain reservation of rights letter received on October 14, 2014 from Markel Company with regard to a coverage position under the Health Care Provider's Liability Policy with respect to the claim of Tashema Coleman.

That certain denial of coverage letter, dated August 6, 2015, to Saint Francis Hospital and Medical Center from OneBeacon Professional Insurance regarding the coverage position of Atlantic Specialty Insurance Company under the Healthcare Organization Insurance policy with respect to the claims of Carol Kemp-DeLisser on behalf of herself and all others similarly situated.

That certain letter, dated August 6, 2015, to Saint Francis Hospital and Medical Center from OneBeacon Professional Insurance regarding the coverage position of Atlantic Specialty Insurance Company under the Healthcare Organization Liability Insurance policy with respect to the claim Carol Kemp-DeLisser.

That certain reservation of rights letter received on September 1, 2015 from Markel Company with regard to a coverage position under the Health Care Provider's Liability Policy with respect to the claim of Estate of Katrina Kupec.

That certain reservation of rights letter received on September 2, 2015 from Markel Company with regard to a coverage position under the Health Care Provider's Liability Policy with respect to the claim of Baby Girl Johnson.

That certain reservation of rights letter received on September 2, 2015 from Markel Company with regard to a coverage position under the Health Care Provider's Liability Policy with respect to the claim of Estate of Gerald Desrochers.

That certain reservation of rights letter received on September 2, 2015 from Markel Company with regard to a coverage position under the Health Care Provider's Liability Policy with respect to the claim of Sandra Davis.

Section 6.08(h)

Letter of Credit between Saint Francis Hospital and Medical Center and Bank of America was increased from $1,500,000 to $2,250,000 effective 6/24/2015.

Section 6.08(i)

Sale of 115 and 117 Sigourney Street Hartford, CT on April 15, 2105
Sale of 1340 Sullivan Avenue South Windsor, CT June 5, 2015
Sale of Unit 21 and a portion of Unit 22 at 19 Woodland Street in December 2014.

Section 6.08(j)

On 8/27/15 a transformer outside of the Emergency Department (ED) failed and smoke vented into the ED and areas within the patient care tower. Approximately 30 patients were relocated from the ED to other areas of the hospital and we went on diversion until 2:00 a.m., full power was restored by 2:30 a.m. Engineering is working with our carrier who was put on notice within hours of the incident. The cause of the failure is still under investigation.

A current product defect/ installation claim is outsanding relating the construction of operating room floors. The deductible is $250,000; however, cost to replace could be up to $1.2 million.

Section 6.08(k)

Construction of regional corporate offices on the 5th floor of the Gengras Building for the NERHM executive team, which was not previously included in the FY 2015 capital budget, has been approved and is in process. The costs of these renovations are approximately $1.5 million.

Section 6.08(l)

- In a letter dated October 13, 2014, Streamline Health, Inc. ("Streamline") asserted that certain fees and payments due to Streamline under that certain Master Agreement by and between Streamline and Saint Francis Hospital and Medical Center dated January 30, 2013, as amended, were accelerated pursuant to the terms of the agreement in connection with the alleged wrongful termination of the contract by Saint Francis Hospital and Medical Center. Since December 1, 2014, there has been no further communication between the parties on this matter. Counsel has advised Saint Francis that Streamline Health would not likely be successful in its claim for $914,496 and would likely only be entitled to recover any unpaid amounts for the value of services already performed, if any. Saint Francis has set a reserve of $250,000.00 for this potential claim.

- K-Force invoices of roughly $700,000 are currently in dispute and K-Force intends to pursue its claim in spite of issues raised regarding performance and prior attempts to settle.

Section 6.08(m)

None.

Section 6.08(n)

None. See cover page for disclosures after September 22, 2015.

Section 6.08(o)

None.

Section 6.08(p)
Purchase of Units 35, 37, 47 located at 19 Woodland Street Hartford, Connecticut on March 31, 2015. These are medical office building units acquired by Saint Francis Hospital and Medical Center for physician use.

Section 6.08(q)

None.

Section 6.08(r)

None.

SCHEDULE 6.09

MATERIAL CONTRACTS

Section 6.09(a)(i)

Counter-Party	Contract Type	Entity	Effective
CareMedic Systems, Inc.	Services Agreement	Saint Francis Care	6/18/2007
MPB Group, LLC, The	Services Agreement	Saint Francis Hospital and Medical Center	10/30/2009
ClearEdge Power Finance, LLC (fka UTC Power Corporation)	Services Agreement	Saint Francis Hospital and Medical Center	9/8/2011
Intuitive Surgical, Inc.	License Agreement	Saint Francis Hospital and	9/27/2011
DVA Renal Healthcare, Inc.	Services Agreement	Saint Francis Hospital and	9/26/2012
AT&T	Services Agreement	Saint Francis Hospital and	3/30/2012
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012
Wolters Kluwer Health, Inc.	License Agreement	Saint Francis Hospital and	11/6/2012
Beckman Coulter, Inc.	Services Agreement	Saint Francis Hospital and	12/21/2012
Fleetwood Leasing, LLC	Lease/Real Estate Transaction	Saint Francis Hospital and Medical Center	5/24/2013
KBE Building Corporation	Services Agreement	Saint Francis Hospital and Medical Center	8/13/2013
Frank Capasso & Sons, Inc.	Services Agreement	Saint Francis Hospital and	10/14/2013
All Phase Enterprises Inc.	Services Agreement	Saint Francis Hospital and	2/4/2014
Hewlett-Packward Financial Services Company	Financial Agreement (loan/credit)	Saint Francis Hospital and Medical Center	11/26/2013

Counter-Party	**Contract Type**	**Entity**	**Effective**
ServiceNow, Inc.	Purchase/Sale Agreement	Saint Francis Hospital and	12/20/2013
All Phase Enterprises Inc.	Services Agreement	Saint Francis Hospital and	2/4/2014
Wolters Kluwer Health, Inc.	License Agreement	Saint Francis Hospital and Medical Center	5/1/2014
All Phase Enterprises Inc.	Services Agreement	Saint Francis Hospital and	5/5/2014
All Phase Enterprises Inc.	Services Agreement	Saint Francis Hospital and Medical Center	5/14/2014
Hewlett Packard Company	Services Agreement	Saint Francis Hospital and	4/1/2014
Bellin Memorial Hospital, Inc.	License Agreement	Saint Francis Hospital and	6/13/2014
Healthgrades Operating Company, Inc. (fka Health Grades, Inc.)	Services Agreement	Saint Francis Care, Inc.	10/1/2014
Smart Source of Boston, LLC d/b/a Smart Source Services	Services Agreement	Saint Francis Hospital and Medical Center	5/1/2007
Global Help Desk Services, Inc.	Services Agreement	Saint Francis Hospital and	7/22/2011
Allscripts, LLC	License Agreement	Saint Francis Hospital and	2/15/2010
Johnson Memorial Medical Center, Inc.	Affiliation Agreement	Saint Francis Care, Inc.	7/12/2012
Allscripts Healthcare, LLC + 2008 Software Access Agreement	Services Agreement	Saint Francis Hospital and Medical Center	12/27/2011
AT&T	Services Agreement	Saint Francis Hospital and	4/2/2001
AT&T Mobility National Accounts, LLC	Services Agreement	Saint Francis Hospital and Medical Center	12/23/2008
ClearEdge Power Finance, LLC (fka UTC Power Corporation)	Services Agreement	Saint Francis Hospital and Medical Center	9/8/2011
Connecticut Joint Replacement Surgeons,	Consulting Agreement	Saint Francis Hospital and	10/1/2011

Counter-Party	Contract Type	Entity	Effective
LLC, The			
Epic Systems Corporation	License Agreement	Saint Francis Hospital and	9/25/2012
Daniels Sharpsmart, Inc.	Services Agreement	Saint Francis Hospital and	2/15/2011
DVA Renal Healthcare, Inc.	Services Agreement	Saint Francis Hospital and	9/26/2012
EMCOR/New England Mechanical Services, Inc.	Services Agreement	Saint Francis Hospital and Medical	1/1/2010
Orion Health, Inc.	License Agreement	Saint Francis Hospital and	3/28/2013
NDCHealth Corporation d/b/a RelaytHealth	Services Agreement	Saint Francis Hospital and Medical	12/22/2008
Nuance Communications, Inc.	Services Agreement	Saint Francis Hospital and	5/31/2013
General Electric Company, by and through its GE Healthcare Division	License Agreement	Asylum Hill Family Medicine Center, Inc.	1/26/2011
ChimeNet, Inc.	Services Agreement	Saint Francis Hospital and	6/27/2013
Greater Hartford Community Foundation, Inc.	Services Agreement	Saint Francis Care, Inc.	6/20/2011
Hewlett Packard Company	Services Agreement	Saint Francis Hospital and	10/28/2014
Iron Mountain Information Management, LLC	Services Agreement	Saint Francis Hospital and Medical	6/1/2014
Nuance Communications, Inc.	Services Agreement	Saint Francis Hospital and	12/31/2010
Radiology Associates of Hartford, P.C.	Services Agreement	Saint Francis Hospital and	6/1/1994
FUJIFILM Medical Systems USA, Inc.	Services Agreement	Saint Francis Hospital and	10/1/2013
MPB Group, LLC, The (dba BerylHealth) AND 09-301	Services Agreement	Saint Francis Hospital and Medical	10/30/2009
Olympus Financial Services	Purchase/Sale Agreement	Saint Francis Hospital and Medical	6/8/2010

Counter-Party	Contract Type	Entity	Effective
Advisory Board Company, The	Services Agreement	Saint Francis Hospital and Medical Center	10/1/2014
ProVation Medical, Inc.	License Agreement	Saint Francis Hospital and	10/12/2012
ProVation Medical, Inc.	Services Agreement	Saint Francis Hospital and	9/29/2012
Cisco Systems Capital Corporation (UPLOAD)	License Agreement	Saint Francis Hospital and Medical Center	8/11/2014
Bellin Memorial Hospital, Inc.	License Agreement	Saint Francis Hospital and	6/13/2014
Enfield Builders, Inc.	Services Agreement	Saint Francis Hospital and	11/21/2014
Strata Decision Technology LLC	License Agreement	Saint Francis Care, Inc.	4/30/2011
TCF Equipment Finance, Inc.	Services Agreement	Saint Francis Hospital and	
Thoratec Corporation	Purchase/Sale Agreement	Saint Francis Hospital and	4/3/2014
Trifecta Environmental Associates Management, Inc.	Services Agreement	Saint Francis Hospital and Medical Center	8/13/2013
Premier Purchasing Partners, L.P.	Governance Document	Saint Francis Hospital and	10/1/2013
Stryker Finance, a Division of Stryker Sales Corporation	Equipment Lease	Saint Francis Hospital and Medical Center	2/1/2012
Zimmer US, Inc.	Purchase/Sale Agreement	Saint Francis Hospital and	4/16/2014
Nuance Communications, Inc.	License Agreement	Saint Francis Hospital and	5/30/2014
Bellin Memorial Hospital	Schedule 1-B to Sublicense Agreement	Saint Francis Hospital and	6/13/14

Updates from December 17, 2014 to September 22, 2015

Contract Number	Vendor 1	Entity	Contract Type	Effective Date	Update Action
13-407	Nuance Communications, Inc.	Saint Francis Hospital and Medical Center	Services Agreement	5/31/2013	New disclosure

15-1340	Johnson Memorial Hospital - Epic Systems Corporation	Saint Francis Hospital and Medical Center	License Agreement	8/5/2015	New disclosure
15-1376	Hewlett Packard Company	Saint Francis Hospital and Medical Center	License Agreement	6/25/2015	New disclosure
15-1489	All Phase Enterprises Inc.	Saint Francis Hospital and Medical Center	Construction/Building Agreement	4/9/2015	New disclosure
15-1566	CareFusion Solutions, LLC	Saint Francis Hospital and Medical Center	Services Agreement	9/15/2015	New disclosure
15-1705	3M Company	Saint Francis Hospital and Medical Center	License Agreement	6/23/2009	New disclosure
None	Saint Mary's Health System, Inc.	Saint Francis Care, Inc.	Purchase/Sale Agreement	9/18/2015	New disclosure
NONE	Kronos	Saint Francis Hospital and Medical Center	License Agreement	1/11/2005	New disclosure
12-484	Sentry Data Systems, Inc.	Saint Francis Hospital and Medical Center	Services Agreement	10/25/2012	New disclosure
13-217	Press Ganey Associates, Inc.	Saint Francis Hospital and Medical Center	Services Agreement	5/1/2013	New disclosure
14-0388	Wolters Kluwer Health, Inc.	Saint Francis Hospital and Medical Center	License Agreement	5/1/2014	2nd Amendment to License Agreement Amended contracts #12-653 (effective
14-0488	Cardinal Health 200, LLC	Saint Francis Hospital and Medical Center	Purchase / Sale Agreement	8/15/2014	New disclosure
14-0652	FUJIFILM Medical Systems USA, Inc.	Saint Francis Hospital and Medical Center	License Agreement	9/1/2014	New disclosure

14-0658	Leica Microsystems, Inc.	Saint Francis Care, Inc.	Purchase / Sale Agreement	10/21/2014	New disclosure

14-0865	GE Medical Systems Information Technologies, Inc.	Saint Francis Hospital and Medical Center	Services Agreement	10/29/2014	New disclosure
14-1025	Cisco Systems Capital Corporation	Saint Francis Hospital and	Services Agreement	4/27/2015	New disclosure
14-1039	Enfield Builders, Inc.	Saint Francis Hospital and	Services Agreement	11/21/2014	New disclosure
14-1069	Yale-New Haven Hospital	Saint Francis Hospital	Affiliation Agreement	6/1/2015	New disclosure
14-1073	Everbank Commercial Financial, Inc.	Saint Francis Hospital and	Equipment Lease	1/6/2015	New disclosure
14-1091-A	Olympus America Inc.	Saint Francis Hospital and	Services Agreement	12/1/2014	New disclosure
14-1091-B	Olympus America Inc.	Saint Francis Hospital and	Equipment Lease	12/18/2014	New disclosure
14-1091-C	Olympus America Inc.	Saint Francis Hospital and	Services Agreement	1/2/2015	New disclosure
15-0004	Sodexo Operations, LLC	Saint Francis Hospital and Medical Center	Services Agreement	2/28/2015	New disclosure ** **Meets dollar threshold, but can term on less than 90 days, so not material. However, this contract was disclosed in a monthly update report so we are including it with this update.
15-1021	SSA Healthcare Consulting, LLC	Saint Francis Hospital and	Consulting Agreement	1/1/2015	New disclosure
15-1023	AMN Healthcare, Inc.	Saint Francis Hospital	Services Agreement	1/30/2012	New disclosure

15-1027	UpToDate, Inc.	Saint Francis Care, Inc.	License Agreement	2/1/2015	New disclosure
15-1038	Global Help Desk Services, Inc.	Saint Francis Hospital and	Settlement Agreement	2/4/2015	Settlement Agreement, serves to terminate contract #11-227 (effective 7/22/11)

15-1049	Haemonetics Corporation	Saint Francis Hospital and	Purchase / Sale Agreement	3/3/2015	New disclosure
15-1051	Surescripts, LLC	Saint Francis Hospital and	Services Agreement	8/22/2013	New disclosure
15-1057	RaySearch Americas, Inc.	Saint Francis Hospital and	License Agreement	12/5/2014	New disclosure
15-1058	U.S. Security Associates, Inc.	Saint Francis Care, Inc.	Services Agreement	1/23/2015	New disclosure ** **Meets dollar threshold, but can term on less than 90 days, so not material. However, this contract was disclosed in a monthly update report so we are including it with this update.
15-1208	Advisory Board Company, The	Saint Francis Hospital	Services Agreement	6/30/15	New disclosure
15-1216	Baxter Healthcare Corporation	Saint Francis Hospital and	Equipment Lease	7/24/2015	New disclosure
15-1267	Pension Benefit Guaranty Corporation	Saint Francis Care, Inc.	Financial Agreement (loan/credit)	4/28/2015	New disclosure
15-1340	Johnson Memorial Medical Center	Saint Francis Hospital and	License Agreement	8/05/2015	New disclosure
15-1425	Beckman Coulter, Inc.	Saint Francis Hospital and	Purchase/Sale Agreement	8/05/15	New disclosure
15-1428	Beckman Coulter, Inc.	Saint Francis Hospital and	Purchase/Sale Agreement	7/17/15	New disclosure

15-1442	EMC Corporation	Saint Francis Hospital and	Professional Services Agreement	6/26/2015	New disclosure
15-1474	McKesson Technologies, Inc.	Saint Francis Care	License Agreement	7/18/2015	New disclosure

15-1484	Malta House of Care, Inc.	Saint Francis Hospital and Medical Center	Services Agreement	5/1/2015	New disclosure
NONE	Advisory Board Company, The	Saint Francis Hospital and Medical Center	Services Agreement	12/31/2014	New disclosure
15-1491	All Phase Enterprises Inc.	Saint Francis Hospital and Medical Center	Services Agreement	6/30/2015	New disclosure
15-1492	SLAM Construction Services	Saint Francis Hospital and Medical Center	Services Agreement	5/28/2015	New disclosure
15-1545	Deloitte & Touche LLP	Saint Francis Care, Inc.		8/3/2015	New disclosure
15-1555	Grifols USA, LLC	Saint Francis Hospital and Medical Center	Services Agreement	7/29/2015	New disclosure
NONE	Kronos	Saint Francis Hospital and Medical Center	License Agreement	1/11/2005	New disclosure
	BEGIN NEW DISCLOSURES FROM PURCHASING DEPARTMENT				
None	Accuray Incorporated	Saint Francis Hospital and Medical Center	Service Agreement	4/19/2014	New Disclosure
None	Beckman Coulter, Inc.	Saint Francis Hospital and Medical Center	Service Agreement	4/30/2015	New Disclosure

None	Covidien	Saint Francis Hospital and Medical Center	License Agreement	2/05/2015	New Disclosure
None	Siemens Medical Solutions USA, Inc.	Saint Francis Care	Master Service Agreement	9/01/2012	New Disclosure
None	Siemens Medical Solutions USA, Inc.	Saint Francis Care	Service Agreement	12/12/2014	New Disclosure

None	Trifecta Environmental Associates Management Inc.	Saint Francis Hospital and Medical	Services Agreement	12/11/2014	New Disclosure
	BEGIN NEW DISCLOSURES FROM IT DEPARTMENT				
NONE	Allscripts Healthcare, LLC	SFHMC	Client Order# 120321-1 and Order Provisions	3/20/15	Amends Allscripts Healthcare, LLC Second Amended and Restated Touchworks System Agreement, dated
13-943	Allscripts Healthcare, LLC	SFHMC	Client Order# 33401-1 and Order Provisions (Partially Executed)	12/29/13	Amends Allscripts Healthcare, LLC Second Amended and Restated Touchworks System Agreement, dated
NONE	Allscripts Healthcare, LLC	SFPHO	Amendment to Amended and Restated Touchworks System Agreement C-15227	3/3/2006	Amends Allscripts Healthcare, LLC Amended and Restated Touchworks System Agreement, dated
NONE	Allscripts Healthcare, LLC	SFPHO	Amended and Restated Touchworks System Agreement	1/31/06	Amends Allscripts Healthcare, LLC Touchworks System
NONE	Allscripts Healthcare, LLC	SFHMC	Sales Order for Annual Maintenance	12/27/11	Amends Allscripts Healthcare, LLC Amended and Restated Touchworks System

NONE	Allscripts Healthcare, LLC	SFHMC	Amendment to Master License and Maintenance Agreement	6/24/10	Amends Allscripts Healthcare, LLC Master License and Maintenance Agreement, effective
NONE	Allscripts Healthcare, LLC	SFPHO	Amendment to Amended and Restated Touchworks System Agreement C-17431	Not Provided	Amends Allscripts Healthcare, LLC Amended and Restated Touchworks System Agreement, dated
NONE	Allscripts Healthcare, LLC	SFHCP	Second Amended and	12/28/06	Material contract not previously disclosed.
			Restated Touchworks System Agreement C- 180180		Amends Allscripts Healthcare, LLC Amended and Restated Touchworks System Agreement, dated 12/29/05
NONE	Allscripts Healthcare, LLC	SFHMC	Amendment to the Second Amended and Restated Touchworks System Agreement	9/14/07	Amends the Allscripts Healthcare, LLC Second Amended and Restated Touchworks System Agreement, effective 12/28/06
NONE	Allscripts Healthcare, LLC	SFPHO	Allscripts Consent to Assignment and Assumption Agreement	6/5/07	Assigns the Allscripts Healthcare, LLC Second Amended and Restated Touchworks System Agreement, effective 12/28/06 to SFHMC
11-367	Allscripts Healthcare, LLC	SFHMC	Amendment to Touchworks System Agreement C-145173	9/21/11	Amends the Allscripts Healthcare, LLC Touchworks System Agreement effective 12/29/05
NONE	Allscripts Healthcare, LLC	SFHMC	Version 11.4 Upgrade Amendment	6/12/13	Amends the Allscripts Healthcare, LLC Touchworks System Agreement effective 12/29/05
NONE, 13-355 & 13-422	3M Company	SFHMC	Software License and Services Agreement, Amendment #1 & Amendment#2	6/23/09	New disclosure
NONE	Epic Systems Corporation	SFHMC	Third Party Tools Order – Intersystems Cache Licensing	4/21/15	Relates to Epic Systems Corporation, License Agreement effective 9/25/12

NONE	RelayHealth, a division of McKesson Technologies, Inc.	SFHMC	Sales Order for Additional Services/Facilitie s	9/25/14	Amends NDC Health Corporation d/b/a RelayHealth Services Agreement effective 12/22/08
15-1538	Provation Medical Inc.	SFHMC	Software License and Maintenance Agreement Addendum #2	7/22/15	Amends Provation Medical, Inc. Software License and Maintenance Agreement, effective 9/28/12
15-1538	Provation Medical Inc.	SFHMC	Third Party Product Services Agreement Addendum #2	7/22/15	Amends Provation Medical, Inc. Third Party Product Services Agreement, effective 9/28/12
15-1376	Hewlett Packard Company	SFHMC	HP Customer Terms – Nonstop Products – HP Customer Terms Portfolio	6/25/15	New disclosure
14-0209	Philips Healthcare	SFHMC	Services Agreement	3/1/14	New disclosure

Provider Agreements:

Provider Name	**Entity**	**Agreement Type**	**Effective Date**
Saint Francis Behavior Health Group,	SFHMC	PSA	1/20/2010
Johnson Memorial Medical Center, Inc.	SFMG	PSA	3/12/2012
Johnson Memorial Medical Center, Inc.	SFC	PSA	5/13/2013
Johnson Memorial Medical Center, Inc.	SFC	PSA	8/1/2012
Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/2014
Delphi Healthcare Partners, Inc.	SFMG	PSA - On-Call	10/1/2009
Collaborative Laboratory Services,	SFHMC	Services Under	7/1/2013
Saint Francis Medical Group	SFHMC	Services Under	7/1/2013
Community Health Services, Inc.	SFHMC	Services Under	7/1/2013

Updates from December 17, 2014 to September 22, 2015

Contract Number	Provider Name	Entity	Agreement Type	Effective Date
15-1698	Costello, Victoria	SFMG	Physician Employment Agreement	9/2/15

Contract Number	Provider Name	Entity	Agreement Type	Effective Date
15-1638	Langou, Albert H.	SFMG	Physician Employment Agreement	9/9/15
15-1639	McDonald, Kymberly	SFMG	Physician Employment Agreement	7/1/16
15-1306	Parvin, Flora	SFMG	Physician Employment Agreement	9/1/15
15-1464	Ahmed, Amira M. Mohamed	SFMG	Physician Employment Agreement	11/2/15
14-0402	Bagdasarian, Kristofer	SFMG	Physician Employment Agreement	8/19/14
15-1334	Boudreau, Michelle M.	SFMG	Physician Employment Agreement	10/5/15
15-0018	Bristol Hospital Multi-Specialty Group, Inc.	SFMG	PSA	8/4/15
15-1322	Burroughs, Susan	SFMG	Physician Employment Agreement	2/1/15
14-0599	Caputo, Theresa M.	SFHMC	Physician Employment Agreement	10/1/14
12-782	Chauhan, Chetankumar Keshavbhai	SFMG	Physician Employment Agreement	
14-0410	Chaves, Carlos Enciso	SFBHG	Physician Employment Agreement	9/8/14

13-313	Chawla, Surendra K.	SFMG	Physician Employment Agreement	1/1/15
N/A	Clark, Bernard A.	SFMG	Physician Employment Agreement	7/1/97
13-711	Collaborative Laboratory Services, L.L.C.	SFHMC	Services Under Grant	7/1/13
13-710	Collins Surgical Associates, P.C.	SFHMC	Services Under Grant	7/1/13
13-714	Community Health Services, Inc.	SFHMC	Services Under Grant	7/1/13
14-0613	Connecticut Joint Replacement Surgeons, LLC	SFHMC	Consulting	10/1/11
12-485	Connecticut Joint Replacement Surgeons, LLC	SFHMC	PSA	10/1/11
14-0612	Connecticut Sports Medicine Consultants, LLC	SFHMC	Consulting	
N/A	Connecticut Surgical Monitoring Services, LLC	SFHMC	PSA - Interpretation	6/1/04
14-0661	Conte, Harry	SFMG	Physician Employment Agreement	11/3/14
12-296	Delphi Healthcare Partners, Inc.	SFMG	PSA - On-Call	10/1/09
N/A	Diver, Daniel	SFMG	Physician Employment Agreement	11/1/00
12-008	Dyquiangco, Rachelle	SFMG	Physician Employment Agreement	
14-1016	Feeney, James	SFMG	Physician Employment Agreement	1/1/15

15-1351	Flaherty, James F.	SFMG	Physician Employment Agreement	11/2/15
NONE	Gerardi, Daniel A.	SFMG	Physician Employment Agreement	7/1/98
14-1079	Gonzalez, Luis Roberto	SFBHG	Physician Employment Agreement	1/1/15
14-0782	Greenberg, Jonathan	SFBHG	Physician Employment Agreement	12/1/14
N/A	Greenstein, Mark	SFMG	Physician Employment Agreement	7/1/97
15-1436	Hickman, Kevin A.	SFMG	Physician Assistant Employment Agreement	8/1/15
15-1304	Hom ,Kenrick	SFMG	Physician Employment Agreement	9/1/15
14-0598	Ibrahim, Lauren	SFMG	Physician Employment Agreement	11/3/14
15-1303	James, Silda	SFMG	Physician Employment Agreement	
14-0592	Joseph, Praveen	SFMG	Physician Employment Agreement	9/15/14
15-1302	Kanapathippillai, Narrani	SFMG	Physician Employment Agreement	

15-1411	Kellerman, Roy, Jr.	SFMG	Physician Employment Agreement	9/8/14
14-1081	Kumar, Varinder	SFMG	Physician Employment Agreement	7/6/15
NONE	Lahiri, Bimalin	SFMG	Physician Employment Agreement	7/1/97
08-409	Lange, Stephan	SFHMC	PSA - On-Call	11/1/11
08-408	Lantner, Howard	SFHMC	PSA - On-Call	11/1/08

15-1301	Mahali, Rakesh Raju	SFMG	Physician Employment Agreement	9/1/15
15-1355	Manzoor, Javeeria	SFBHG	Physician Employment Agreement	10/19/15
15-1100	Mapara, Khubaib	SFMG	Physician Employment Agreement	8/3/15
NONE	Martin, Ralph A.	SFMG	Physician Employment Agreement	7/1/97
13-314	Martinez, William V, Jr.	SFMG	Physician Employment Agreement	1/1/15
NONE	Mayer, Allan R.	SFMG	Physician Employment Agreement	10/1/03
15-1078	Memon, Shafia	SFMG	Physician Employment Agreement	8/17/15

15-1415	Montgomery, Stephanie	SFMG	Physician Employment Agreement	10/5/15
15-1534	Mulay, Sudhanshu	SFMG	Physician Employment Agreement	
NONE	Nelson, Beth E.	SFMG	Physician Employment Agreement	10/1/03
15-1294	Ohri, Smriti	AHFMC	Physician Employment Agreement	7/27/15
15-1385	Pangilinan, Aileen	SFMG	Physician Employment Agreement	6/29/15
15-1180	Patel, Hemal	SFMG	Physician Employment Agreement	8/3/15
15-1094	Pawar, Resham	SFMG	Physician Employment Agreement	8/3/15
14-0618	Pirrello, Jon R., Jr.	SFMG	Physician Employment Agreement	12/15/14
14-0852	Pompa, Scott	SFMG	Physician Employment Agreement	7/6/15
13-712	Radiology Associates of Hartford, P.C.	SFHMC	Services Under Grant	7/1/13
NONE	Ramanan, Sundaram	SFMG	Physician Employment Agreement	7/1/97

15-1533	Raza, Mahreen	SFBHG	Physician Employment Agreement	
15-1431	Rhyee, Sean	SFEMG	Physician Employment Agreement	11/2/15
15-1416	Rodriguez, Alberto	SFMG	Physician Employment Agreement	8/31/15
14-1015	Roland, Phillip Y.	SFMG	Physician Employment Agreement	1/1/15
NONE	Rubinstein, Eytan	SFMG	Physician Employment Agreement	7/1/97

15-1064	Ryan, Emily	SFEMG	Physician Employment Agreement	4/1/15
15-1300	Salcedo, Ingrid	SFMG	Physician Employment Agreement	9/1/15
NONE	Schatz, Phyllis	SFMG	Physician Employment Agreement	7/1/97
14-1046	Schwartz, Daniel	SFMG	Physician Employment Agreement	3/23/15
15-1299	Shah, Kaushal	SFMG	Physician Employment Agreement	
15-1289	Shoukri, Kamal Clark	SFMG	Physician Employment Agreement	10/19/15

15-1305	Song, Jin	SFMG	Physician Employment Agreement	9/1/15
13-913	Soucier, Donald	SFMG	Physician Employment Agreement	2/24/14
NONE	Soucier, Richard J, Jr.	SFMG	Physician Employment Agreement	7/15/97
15-1337	Spear, Jeffrey Peter	SFEMG	Physician Employment Agreement	11/2/15
15-1684	Sullivan, Paul	SFMG	Physician Employment Agreement	8/31/15
13-315	Thayer, John O.	SFMG	Physician Employment Agreement	1/1/15
15-1332	Thumar, Jaykumar	SFMG	Physician Employment Agreement	2/1/15
15-1384	Varilla, Vincent	SFMG	Physician Employment Agreement	7/1/16
12-724	White, Edward	SFMG	Physician Employment Agreement	7/1/13
14-0204	Wilson, Niamey Pender	SFMG	Physician Employment Agreement	9/8/14
14-0553	Woodland Anesthesiology Associates, P.C.		PSA	7/1/13

15-1587	Woodland Anesthesiology Associates, P.C.	SFHMC	Service Agreement	2/1/11
NONE	Yordan, Elaine E.	SFMG	Physician Employment Agreement	7/1/97
14-1066	The Charlotte Hungerford Hospital	SFMG	Service Agreement	2/20/15
15-1172	Yale-New Haven Hospital, Inc.	SFHMC	Service Agreement	6/1/15
13-723	Johnson Memorial Medical Center, Inc.	SFC	PSA	9/1/13
15-1432	Johnson Memorial Medical Center, Inc.	SFC	PSA	5/14/14
14-0565	Johnson Memorial Medical Center, Inc.	SFC	PSA	9/9/14
14-0634	Johnson Memorial Medical Center, Inc.	SFC	PSA	9/15/14

14-0641	Johnson Memorial Medical Center, Inc.	SFMG	PSA	10/1/14
14-0666	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14
14-0668	Johnson Memorial Medical Center, Inc.	SFC	PSA	5/13/13
14-0669	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14
14-0670-A	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14
15-1364	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14

14-0671	Johnson Memorial Hospital, Inc.	SFC	PSA	4/1/14
14-0672	Johnson Memorial Medical Center, Inc.	SFC	PSA	1/6/14
14-0673	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14
14-0785	Johnson Memorial Medical Center, Inc.	SFC	PSA	8/1/12
14-0820	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14
14-0822	Johnson Memorial Medical Center, Inc.	SFC	PSA	5/22/12
14-0823	Johnson Memorial Medical Center, Inc.	SFC	PSA	6/2/14
14-1038	Johnson Memorial Hospital, Inc.	SFC	PSA	12/8/14
15-1536	Johnson Memorial Hospital, Inc.	SFC	PSA	3/1/15
15-1132	Johnson Memorial Medical Center, Inc.	SFC	PSA	10/1/14
15-1264	Johnson Memorial Hospital, Inc.	SFC	PSA	3/2/15
15-1438	Johnson Memorial Medical Center, Inc.	SFC	PSA	6/30/14

***Note that the original disclosure with respect to provider contracts meeting the materiality criteria set forth in Section 6.09(a)(i) of the Agreement that referenced Saint Francis responses to 6.09(b) "Matters Disclosed in Writing to Trinity Health" appears to have been over inclusive. The responses to 6.09(b) included ALL provider contracts and did not limit those contracts and leases to the materiality criteria. This Updated Disclosure corrects that error and is limited to the**

provider contracts meeting the materiality criteria established in Section 6.09(a)(i), which were not on the original disclosure.

Leases

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
Saint Francis Hospital and Medical Center	103 Woodland St., LLC	103 Woodland St., LLC	4/1/2013
Saint Francis Hospital and Medical Center	Bellin Memorial Hospital, Inc.	Ahold U.S.A., Inc.	
Saint Francis Hospital and Medical Center	Mount Sinai Hospital Foundation, Inc.	Mount Sinai Hospital Foundation, Inc.	4/4/1997
Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	Dorset Crossing, LLC	8/1/2012
Saint Francis GI Endoscopy, LLC	Mattapoisett Properties, LLC	Mattapoisett Properties, LLC	5/11/2007
Saint Francis Hospital and Medical Center	515 West Middle Turnpike Associates Limited Partnership	515 West Middle Turnpike Associates Limited Partnership	4/27/2011
ABP Corp. successor in interest to Au Bon Pain Co., Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/2011
Saint Francis Hospital and Medical Center	Amcap Copaco, LLC	Amcap Copaco, LLC	11/1/2008

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
DVA Rental Healthcare, Inc. a/k/aGambro Healthcare of Connecticut, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/2014
Saint Francis Hospital and Medical Center	A&L Troiano Family, Inc.	A&L Troiano Family, Inc.	2/1/2013
Saint Francis Hospital and Medical Center	Easter Seals Greater Hartford Rehabilitation Center, Inc.	Easter Seals Greater Hartford Rehabilitation Center, Inc.	10/1/2006
Saint Francis Care Medical Group, P.C.	Merchant East Hartford II, LLC	Merchant East Hartford II, LLC	10/1/2007
Saint Francis	BFG&T	BFG&T Associates LLC	5/1/2014

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
Medical Group, Inc.	Associates LLC		
Saint Francis Medical Group, Inc.	11 South Road, LLC	11 South Road, LLC	8/1/2011
Saint Francis Hospital and Medical Center; Saint Francis Care, Inc.	Urban League of Greater Hartford, Inc.	Urban League of Greater Hartford, Inc.	12/1/2012
Gilberto Ramirez, MD	Saint Francis Hospital and Medical Center	Amcap Copaco, LLC	9/26/2009
St. Francis Hospital and Medical Center	Bishop's Corner (E&A), LLC	Bishop's Corner (E&A), LLC	11/1/2012
Saint Francis Hospital and Medical Center	M&R Gassner Family II, LLC	M&R Gassner Family II, LLC	12/15/2010
Alcohol and Drug Recovery Centers, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/2014
Saint Francis Hospital and Medical Center	Connemara Court, LLC	Connemara Court, LLC	3/15/2011
Saint Francis Hospital and Medical Center	Merchant East Hartford II, LLC	Merchant East Hartford II, LLC	7/1/2008
Saint Francis Care Medical Group, P.C.	A&L Troiano Family, LLC	A&L Troiano Family, LLC	2/1/2013
Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/2011
Saint Francis Care Medical Group, P.C.	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/2010
Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/2014
National Multiple Sclerosis Society (Connecticut Chapter)	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/2015

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
Asylum Hill Family Medicine Center	Saint Francis Care Medical Group, P.C.	Merchant East Hartford II, LLC	8/1/2013
Saint Francis Hospital and Medical Center	Bellin Memorial Hospital, Inc.	Ahold U.S.A., Inc.	7/25/2014

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/2010
Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/2010
Saint Francis Behavioral Health Group, PC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/15/2012
Saint Francis Hospital and Medical Center	1598 East Main Street, LLC	1598 East Main Street, LLC	7/1/2011
Saint Francis Hospital and Medical Center	Tyler Development Company	Tyler Development Company	9/1/2011
Saint Francis Behavioral Health Group, P.C.	Tyler Development Company	Tyler Development Company	10/1/2013
Saint Francis Medical Group, Inc.	Corporate Crossing Limited Partnership	Corporate Crossing Limited Partnership	11/1/2010
Saint Francis Medical Group, Inc.	428 Hartford Turnpike Associates, LLP	428 Hartford Turnpike Associates, LLP	10/1/2014
Saint Francis Medical Group, Inc.	RH Medical Center Associates, LLC	RH Medical Center Associates, LLC	9/1/2012
Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/2013
Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/2012
Saint Francis Hospital and Medical Center	Bellin Memorial Hospital, Inc.	Ahold U.S.A., Inc.	3/31/2015
Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/2013
Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/2010
Hospital for Special Care	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/30/2003
University of Connecticut Health	Mount Sinai Hospital	Mount Sinai Hospital	7/1/2006

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
Center Finance Corporation	Foundation, Inc.	Foundation, Inc.	
Saint Francis Hospital and Medical Center	Fusco Farmington Associates Limited Partnership	Fusco Farmington Associates Limited Partnership	

Lessee/Sub-lessee	Lessor/Sub-lessor	Landlord	Effective Date
Saint Francis Hospital and Medical Center	City of Hartford	City of Hartford	5/1/2012
Hartford Special Partners, LLC	St. Francis Hospital and Medical Center		9/1/2007

See the provider agreements and lease agreements listed under Section 6.09(b) of "Matters Disclosed in Writing to Trinity Health."

Updates from December 17, 2014 through September 22, 2015

Contract Number	Lessee	Lessor	Landlord	Effective Date	Update Action
13-345	Saint Francis HealthCare Partners, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/10	Amended. Contract # 15-0011
11-114	Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	Dorset Crossing, LLC	8/1/12	Amended. Contract # 15-1047
12-169	Gilberto Ramirez, MD	Saint Francis Hospital and Medical Center	Amcap Copaco, LLC	9/26/09	Amended. Contract # 15-1276
08-561	Total Laundry Collaborative	Hartford Special Partners, LLC	Hartford Special Partners, LLC	8/1/08	New disclosure (document recently received by SF Legal)
09-046	Saint Francis Hospital and Medical Center	Hartford Special Partners, LLC	Hartford Special Partners, LLC	8/1/08	New disclosure (document recently received by SF Legal)
15-0019	Central Connecticut	Saint Francis	Saint Francis	4/1/15	New Contract

	Cardiologists, LLC	Hospital and Medical Center	Hospital and Medical Center		

Section 6.09(a)(ii)

Acquired Entity	Contract	Entity	Effective Date
Hartford Urology Group, P.C.	Purchase Agreement	Saint Francis Medical Group, Inc.	1/17/2014
Vascular Associates of Connecticut, LLC	Purchase Agreement	Saint Francis Medical Group, Inc.	6/21/2013
Drs. Healy, Macinski, Rao, Wade & Gordon, P.C.	Purchase Agreement	Saint Francis Medical Group, Inc.	3/28/14
Teresa Y. Mangual, M.D., Women's Care Center, LLC	Purchase Agreement	Saint Francis Medical Group, Inc.	4/5/2013
Minimally Invasive Surgeons of Greater Hartford, LLC	Purchase Agreement	Saint Francis Medical Group, Inc.	11/1/2013
Historic Asylum Hill Limited Partnership	Purchase and Sale Agreement	Saint Francis Hospital and Medical Center	10/ /2012

Note: No updates to 6.09(a)(ii) since December 17, 2014.

Section 6.09(a)(iii) Contracts with any Governmental Authority

Counter-Party	Contract Type	Entity	Effective Date
University of Connecticut School of Medicine	Affiliation Agreement	Saint Francis Hospital and Medical Center	10/12/2009
University of Connecticut Health Center	Collaboration/Supervisory Agreement	Saint Francis Hospital and Medical Center	1/27/2010
City of Hartford	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	7/15/2011
University of Connecticut School of Medicine	Letter of Intent/Memorandum of Understanding	Asylum Hill Family Medicine Center, Inc.	7/1/2011
University of Connecticut School	Affiliation Agreement	Saint Francis Care, Inc.	6/21/2011

of Medicine			
State of Connecticut, Department of Labor	Letter of Intent/Memorandum of Understanding	Saint Francis Medical Group, Inc.	12/19/2011
Gateway Community College	Clinical Research Agreement	Saint Francis Hospital and Medical Center	12/1/2011
State of Connecticut, Department of Public Health	License Agreement	Collaborative Laboratory Services, LLC	1/17/2012

Counter-Party	**Contract Type**	**Entity**	**Effective Date**
University Of Connecticut School of Social Work	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	2/14/2012
State of Connecticut, Department of Mental Health and Addiction Services	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012
University of Connecticut Health Center	Services Agreement		6/18/2012
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012
City of Hartford, Health and Human Services Department	Services Agreement	Saint Francis Hospital and Medical Center	5/29/2012
State of Connecticut, Board of Regents for Higher Education	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	9/12/2012
Capital Community College	Services Agreement	Saint Francis Hospital and Medical Center	9/1/2012
Capital Community College	Services Agreement	Saint Francis Hospital and Medical Center	9/1/2012
State of Connecticut, Department of Public Health	Professional Services Agreement	Saint Francis Hospital and Medical Center	9/1/2012
State of Connecticut, Department of Public Health	License Agreement	Collaborative Laboratory Services, LLC	9/27/2012
State of Connecticut Judicial Branch Office of Victim Services	Services Agreement	Saint Francis Hospital and Medical Center	10/10/2012

State of Connecticut, Department of Public Health	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012
State of Connecticut, Department of Social Services	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	5/18/2012
Connecticut Health and Educational Facilities Authority (CHEFA)	Grant	Saint Francis Hospital and Medical Center	1/30/2013
City of Hartford	Services Agreement	Saint Francis Hospital and Medical Center	5/9/2013
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2013

Counter-Party	**Contract Type**	**Entity**	**Effective Date**
State of Connecticut, Department of Mental Health and Addiction Services	Letter of Intent/Memorandum of Understanding	Mount Sinai Rehabilitation Hospital, Inc.	4/9/2013
State of Connecticut, Judicial Branch	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	11/24/2010
State of Connecticut, Department of Children and Families	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012
Capital Community College	Education Affiliation Agreement	Saint Francis Care, Inc.	9/1/2013
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	11/7/2013
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	11/1/2013
State of Connecticut, Department of Public Health	License Agreement	Collaborative Laboratory Services, LLC	9/25/2013
State of Connecticut, Department of Public Health	License Agreement	Collaborative Laboratory Services, LLC	9/25/2013
State of Connecticut, Department of Public Health	License Agreement	Collaborative Laboratory Services, LLC	9/25/2013

State of Connecticut, Department of Public Health	License Agreement	Collaborative Laboratory Services, LLC	9/25/2013
University of Connecticut Health Center	Professional Services Agreement	Saint Francis Hospital and Medical Center	11/12/2013
University of Connecticut Health Center	Services Agreement	Saint Francis Medical Group, Inc.	11/14/2013
University of Connecticut Health Center	Professional Services Agreement	Saint Francis Hospital and Medical Center	11/4/2013
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2011
University of Connecticut Health Center	Professional Services Agreement	Asylum Hill Family Medicine Center, Inc.	7/1/2011
University of Connecticut Health Center	Professional Services Agreement	Asylum Hill Family Medicine Center, Inc.	7/1/2011
University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	11/14/2013
State of Connecticut, Department of Public Health	Services Agreement	Saint Francis Hospital and Medical Center	8/15/2013

Counter-Party	**Contract Type**	**Entity**	**Effective Date**
State of Connecticut, Department of	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012
University of Connecticut Health	Services Agreement	Saint Francis Hospital and Medical Center	1/1/2014
Centers for Medicare &	Settlement Agreement	Saint Francis Hospital and Medical Center	4/28/2014
State of Connecticut, Judicial Branch	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2014
University of Connecticut Health	Transfer Agreement	Saint Francis Hospital and Medical Center	6/16/2014
University of Connecticut Health	Transfer Agreement	Saint Francis Hospital and Medical Center	6/16/2014
University of Connecticut Health	Transfer Agreement	Saint Francis Hospital and Medical Center	6/16/2014

Counter-Party	Contract Type	Entity	Effective Date
University of Connecticut Health	Transfer Agreement	Saint Francis Hospital and Medical Center	6/16/2014
University of Connecticut Health	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2014
Hartford, City of	Services Agreement	Saint Francis Hospital and Medical Center	3/1/2014
State of Connecticut, Department of Public	License Agreement	Collaborative Laboratory Services,	7/1/2014
City of Hartford, Health and Human Services Department	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	7/1/2013
University of Connecticut Health	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2014
State of Connecticut, Department of	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2011
Town of Glastonbury	Lease/Real Estate	Saint Francis Hospital and Medical Center	11/10/2014
State of Connecticut, Department of Public		Saint Francis Hospital and Medical Center	6/23/2014
State of Connecticut, Department of Public	Services Agreement	Mount Sinai Rehabilitation	10/1/2014
University of Connecticut Health Center Finance	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2014

Counter-Party	Contract Type	Entity	Effective Date
State of Connecticut, Department of Public Health	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2013
University of Connecticut Health Center Finance Corporation	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2004
State of Connecticut, Department of Mental Health and Addiction Services	Services Agreement	Saint Francis Hospital and Medical Center	9/29/2014
State of Connecticut, Office of Early Childhood	Services Agreement	Saint Francis Hospital and Medical Center	10/1/2014
State of Connecticut,	Services Agreement	Saint Francis Hospital	9/1/2014

Department of Public Health		and Medical Center	
State of Connecticut, Department of Social Services	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	10/24/2007
University of Connecticut School of Pharmacy	Confidentiality Agreement	Saint Francis Hospital and Medical Center	5/1/2010

Updates from December 17, 2014 through September 22, 2015

Contract Number	Counter-Party	Contract Type	Entity	Effective Date	Update Action
15-1559	Southern Connecticut State University	Saint Francis Care, Inc.	Education Affiliation Agreement	7/22/2015	New disclosure
15-1561	University of Connecticut Health Center	Saint Francis Hospital and Medical Center	Clinical Research Agreement	1/1/2015	New disclosure
15-1704	University of Connecticut Health Center	Saint Francis Hospital and Medical Center	Clinical Research Agreement	4/1/2015	New disclosure
None	University of Connecticut School of Pharmacy	Saint Francis Hospital and Medical Center	Education Affiliation Agreement	6/2/2015	New disclosure

None	Southern Connecticut State University	Saint Francis Care, Inc.	Education Affiliation Agreement	7/22/2015	New disclosure
12-352	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012	Expired (See renewal at #15-1236)
13-679	State of Connecticut, Department of Children and Families	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2012	Expired (See renewal at #15-1311)

13-807	University of Connecticut Health Center	Professional Services Agreement	Saint Francis Hospital and Medical Center	11/12/2013	Expired (See renewal at #15-1031)
13-836	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2011	Expired (See renewal at #15-1086-A)
13-852	University of Connecticut Health Center	Professional Services Agreement	Asylum Hill Family Medicine Center, Inc.	7/1/2011	Expired (See renewal at #15-1086-C)
13-911	State of Connecticut, Department of Public Health	Services Agreement	Saint Francis Hospital and Medical Center	8/15/2013	Amended (see amendment at #15-1109)
14-0156	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	1/1/2014	Expired (See renewal at #15-1071)
14-0278	U.S. Department of Veterans Affairs, The	Clinical Research Agreement	Saint Francis Hospital and Medical Center	1/20/2015	New disclosure
14-0376	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2014	Expired (See renewal at #15-1284)
14-0399	Hartford, City of	Services Agreement	Saint Francis Hospital and Medical Center	3/1/2014	Expired (See renewal at #15-1217)
14-0423	City of Hartford, Health and Human Services Department	Letter of Intent/Memorandum of Understanding	Saint Francis Hospital and Medical Center	7/1/2013	New Disclosure
14-0515	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical	7/1/2014	Expired (See renewal at #15-1495)

	Finance Corporation		Center		
14-0563	University of Connecticut Health Center Finance Corporation	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2004	Expired (See renewal at #15-1513)
14-1024	University of Connecticut, Department of Allied Health Sciences	Education Affiliation Agreement	Saint Francis Care, Inc.	1/1/2015	New disclosure
14-1076	State of Connecticut, Department of Social Services	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2011	Terminated
14-1097	University Of Connecticut School of Social Work	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	6/6/2015	New disclosure
15-0023	U.S. Department of Veterans Affairs, The	Clinical Research Agreement	Saint Francis Hospital and Medical Center	1/28/2015	New disclosure
15-1028	Department of Justice - US	Settlement Agreement	Saint Francis Hospital and Medical Center	2/19/2015	New disclosure
15-1031	University of Connecticut Health Center	Professional Services Agreement	Saint Francis Hospital and Medical Center	11/12/2013	New disclosure Renewal of #13-807 (11/12/2013)
15-1067	Connecticut Health and Educational Facilities Authority	Grant	Saint Francis Hospital and Medical Center	2/1/2015	New disclosure

	(CHEFA)				
15-1071	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	1/1/2015	New disclosure Renewal of #14-0156 (1/01/14)
15-1079	University of Connecticut Health Center	Professional Services Agreement	Saint Francis Hospital and Medical Center	3/3/2015	New disclosure Renewal of #13-826 (11/04/13)
15-1086-A	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure Renewal of #13-836 (7/01/11)
15-1086-B	University of Connecticut Health Center	Professional Services Agreement	Asylum Hill Family Medicine Center, Inc.	7/1/2014	New disclosure Renewal of #13-852 (7/01/11)
15-1086-C	University of Connecticut Health Center	Professional Services Agreement	Asylum Hill Family Medicine Center, Inc.	7/1/2014	New disclosure Renewal of #13-852 (7/01/11)
15-1107	State of Connecticut, Judicial Branch	LOI/MOU	Saint Francis Hospital and Medical Center	7/1/2015	New disclosure
15-1109	State of Connecticut, Department of Public Health	Services Agreement	Saint Francis Hospital and Medical Center	8/15/2013	New disclosure Amendment to #13-911 (8/15/13)
15-1217	Hartford, City of	Services Agreement	Saint Francis Hospital and Medical Center	3/1/2015	New disclosure Renewal of #14-0399 (3/01/14)
15-1236	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New disclosure Renewal of #12-352 (7/01/12)
15-1241	Manchester Community College	Education Affiliation Agreement	Saint Francis Care, Inc.	7/1/2015	New disclosure
15-1284	University of Connecticut Health Center	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New disclosure Renewal of #14-0376 (7/01/14)
15-1311	State of Connecticut, Department of Children and Families	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New disclosure

					Renewal of #13-679 (7/01/12)
15-1356	Capital Community College	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	9/1/2015	New disclosure
15-1378	State of Connecticut, Judicial Branch	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New disclosure Renewal of #14-0193 (7/01/14)
15-1453	University of Connecticut	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New Disclosure
15-1487	State of Connecticut Department of Education	Services Agreement	Saint Francis Hospital and Medical Center	7/15/2015	New Disclosure
15-1495	University of Connecticut Health Center Finance Corporation	Services Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New Disclosure Renewal of #14-0515 (7/01/14)
15-1513	University of Connecticut Health Center Finance Corporation	Professional Services Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New Disclosure Renewal of #14-0563 (7/01/14)
15-1561	University of Connecticut Health Center	Clinical Research Agreement	Saint Francis Hospital and Medical Center	6/1/2015	New Disclosure
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2015	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut	Education Affiliation	Saint Francis Hospital and	1/1/2015	New disclosure.

	School of Medicine	Agreement	Medical Center		Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2015	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital	10/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2014	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut	Education Affiliation	Saint Francis Hospital and	7/1/2013	New disclosure.

	School of Medicine	Agreement	Medical Center		Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2103	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/2/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/2/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236

None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of	Education	Saint Francis	1/1/2013	New disclosure.

	Connecticut School of Medicine	Affiliation Agreement	Hospital and Medical Center		Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	1/1/2013	New disclosure. Program Letter of Agreement, related to contract #15-1236
None	University of Connecticut School of Medicine	Education Affiliation Agreement	Saint Francis Hospital and Medical Center	7/1/2012	New disclosure

	Connecticut School of Nursing	Affiliation Agreement	Francis Care, Inc.		
None	University of Connecticut	Education Affiliation Agreement	Saint Francis Care, Inc.	1/1/2011	New disclosure
None	Manchester Community College	Education Affiliation Agreement	Saint Francis Care, Inc.	9/1/2015	New disclosure

See attached for a list of Medicare and Medicaid Participation Information (a list of Medicare and Medicaid contracts is not available).

SAINT FRANCIS *Care*

Entity	Tax ID No.	Medicare Provider No.	NPI	CT Medicaid AVRS No.	CT License	PTAN
Saint Francis Hospital and Medical Center (SFHM	06-0646813				0054	
Inpatient		07-0002	1407833486	004041620		C00035
Outpatient		07-0002	1871713495	004024923		C00035
Psych Exempt Unit		07-S002	1144234428	007228696		C00035
Burgdorf Dental Clinic			1689663791	1689663791		
Saint Francis Dental Group (Attendings)			1003805524	004011375		
Saint Francis Dental Group (Residents)			1780673293	004011136		
Employee Pharmacy			1497816557	1497816557		
CLS Outpatient			1871713495	004024923		
Lifeline			1891901393	007228697		
Enfield - Pharmacy			1437338555			
Podiatry Residents			1285896225			
Mount Sinai Rehabilitation Hospital, Inc. (MSRH)	06-1422973				17CD	
Inpatient		07-3025	1053357533	004147717		C01857
Outpatient		07-3025	1730301169	004147725		D100000269
Saint Francis Care Medical Group, P.C. (SFCMG)	06-1432373					
MD Family/Internal Medicine Group			1760690101	004156437		C01887
Pathology Group			1508172545	008025819		C01887
APRN Family Medicine Group			1760690101	004211215		C01887
Railroad			1760690101			CC2905
Saint Francis Medical Group (SFMG) *	06-1450168		1003882812			
MD Multispecialty Group				004144474		C02085
APRN Multispeciality Group				004197621		C02085
MD OB/GYN Group				004179067		C02085
CNM OB/Gyn Group				004208957		C02085
APRN OB/Gyn Group				004217619		C02085
MD Pedatric Group				004179059		C02085
APRN Pediatric Group				004197689		C02085
APRN Geriatric Group				008030966		C02085
MD Rehab Group				004255742		C02085
APRN Rehab Group				008035513		C02085
MD Cardiology Group				004255221		C02085
MD Surgery Group				004254504		C02085
MD Neurology Group				008004638		C02085
MD Urology Group				008026230		C02085
MD Orthopedic Surgery Group				008026251		C02085
MD Plastic Surgery Group				008026223		C02085
MD Pulmonory Group				008041438		C02085
MD Infectious Diseases				008041385		C02085
MD Rheumatology				008041399		C02085
MD Hospitalist Group				008040858		C02085
MD Dermatology				008040940		C02085
MD Oncology				008040926		C02085
MD Endocrinology				008041511		C02085
MD Geriatrics				008041543		C02085
MD Thoracic Surgery Group				008050163		C02085
Podiatrist Group				008049887		C02085
Family Medicine				008049989		C02085

Entity	Tax ID No.	Medicare Provider No.	NPI	CT Medicaid AVRS No.	CT License	PTAN
Preventative Medicine				008057685		C02085
Gastroenterology				008059165		C02085
Railroad				n/a		CC7549
Department of Surgery			1922407238			
Vascular Associates			1407256415			
* Physician Assistants bill Medicaid using the Physician or APRN Rehab AVRS number.						
Saint Francis Emergency Medical Group (SFEMG)	45-1994612		1356634737			D100055353
Saint Francis Behavioral Health Group (PATH)	06-1384686					
Physician Group			1801834890	004197788		C01722
APRN			1801834890	004210481		C01722
PhD			1801834890	004210069		C01722
LCSW (Social Worker)			1801834890	004255891		C01722
LPC (Licensed Professional Counselor)			n/a	004255966		n/a
LADC (Licensed Alcohol & Drug Counselor)			n/a	004253506		n/a
LMT (Licensed Marriage & Family Therapist)			n/a	004256013		n/a
Asylum Hill Family Medicine Center, Inc.	06-1450170					
Physician Group			1083660096	004139962		C02072
LCSW (Social Worker)			1083660096	004254934		C02072
MFT (Marriage & Family Therapist)				004257300		
Collaborative Laboratory Services (CLS)	06-1520109		1629082920	n/a		690000382
CLIA = 07d0094176						

Legend:

- Will be terminated; no longer in use
- Added to list
- In process of terminating
- Added to list; will be terminated; no longer in use

Section 6.09(a)(iv)

Entity	Description	Date
Saint Francis GI Endoscopy, LLC	First Amended and Restated Operating Agreement	11/15/2011
Greater Hartford Lithotripsy, LLC	Amended and Restated Limited Liability Operating Agreement	1/24/2012
CT Occupational Health Partners, LLC	CT Occupational Health Partners, LLC - Amended & Restated Operating Agmt	4/29/2013
Masonicare Partners Home Health and Hospice, LLC (f/k/a CT VNA Partners, Inc.)	Bylaws	7/8/2007
New Directions, Inc. of North Central Conn.	Amended and Restated Bylaws of New Directions Inc. of North Central Conn.	--
SFH FF, LLC	Operating Agreement between SFHMC and Fitness Forum, LLC	9/11/1997
SFH FF, LLC	First Amendment to Operating Agreement	1/1/2002
SFH FF, LLC	Second Amendment to Operating Agreement	10/1/2003
SFH FF, LLC	Third Amendment to Operating Agreement	12/1/2003
Saint Francis Healthcare Partners, Inc.	Bylaws	
Total Health Connecticut, LLC	Operating Agreement	4/2/2015
Total Health Connecticut, LLC	First Amendment to Operating Agreement	6/4/2015
Total Health Connecticut, LLC	Second Amendment to Operating Agreement	7/30/2015

Section 6.09(a)(v) Commercial Contracts

Counter-Party	Contract Type	Entity	Effective Date
Asylum Hill Family Medicine Center, Inc.	Services Agreement	Collaborative Laboratory Services, LLC	2/22/2011
Masonicare Home Health and Hospice	Letter of Intent/Memorandum of Understanding	Saint Francis Care, Inc.	5/22/2014
Masonicare Home Health and Hospice	Services Agreement	Saint Francis Hospital	12/2/2008

Counter-Party	Contract Type	Entity	Effective Date
Masonicare Partners Home Health and Hospice, Inc.	Services Agreement	Asylum Hill Family Medicine Center, Inc.	10/1/2012
Masonicare Partners Home Health and Hospice, Inc.	Services Agreement	Mount Sinai Rehabilitation Hospital, Inc.	2/26/2014
Mount Sinai Rehabilitation Hospital, Inc.	Affiliation Agreement	Saint Francis HealthCare Partners ACO, Inc.	1/1/2015
Mount Sinai Rehabilitation Hospital, Inc.	Services Agreement	Saint Francis Hospital and Medical Center	10/1/2011
Mount Sinai Rehabilitation Hospital, Inc.	Services Agreement	Saint Francis Hospital and Medical Center	3/1/2013
New Directions, Inc. of North Central Conn	Affiliation Agreement	Saint Francis Hospital and Medical Center	6/2/1999
Saint Francis Behavioral Health Group, P.C.	Services Agreement	Saint Francis Hospital and Medical Center	1/1/2010
Saint Francis HealthCare Partners, Inc.	Collaboration/Supervisory Agreement	Saint Francis Hospital and Medical Center	8/16/2012
Saint Francis HealthCare Partners, Inc.	Services Agreement	Saint Francis Hospital and Medical Center	5/17/2012
Saint Francis	Services Agreement	Saint Francis Hospital and	9/1/2002

Counter-Party	Contract Type	Entity	Effective Date
HealthCare Partners, Inc.		Medical Center	
Saint Francis Medical Group, Inc.	Services Agreement	Collaborative Laboratory Services, LLC	6/29/2011

Updates from December 17, 2014 through September 22, 2015

Contract Number	Vendor 1	Entity	Contract Type	Effective Date	Update Action

Contract Number	Vendor 1	Entity	Contract Type	Effective Date	Update Action
15-1014	Saint Francis Behavioral Health Group, P.C.	Saint Francis Hospital and Medical Center	EHR Participation and License Agreement	1/12/2015	New disclosure
15-1484	Malta House of Care, Inc.	Saint Francis Hospital and Medical Center	Management Services Agreement	5/1/2015	New disclosure
None	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	EHR Participation and License Agreement	12/18/2014	New disclosure
None	Asylum Hill Family Medicine Center	Saint Francis Hospital and Medical Center	EHR Participation and License Agreement	3/6/2015	New disclosure
None	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	EHR Participation and License Agreement	1/8/2015	New disclosure
None	Saint Francis Healthcare Partners, Inc.	Saint Francis Emergency Medical Group	Medical Scribe Services Agreement	2/20/2015	New disclosure
None	Saint Francis Healthcare Partners ACO, Inc.	Asylum Hill Family Medicine Center, Inc.	IT Donation Agreement	5/6/2015	New disclosure

Provider Agreements

Provider Name	Entity	Agreement Type	Effective Date
Saint Francis Behavior Health Group, P.C.	SFHMC	PSA	1/20/2010

Saint Francis Medical Group, Inc.	SFMG	PSA	3/12/2012
Saint Francis Medical Group, Inc.	SFHMC	PSA - On-Call	3/1/2013
Woodland Physician Associates	SFHMC Home Health Agency	Medical Director	4/1/2006
Collaborative Laboratory Services, L.L.C.	SFHMC	Services Under Grant	7/1/2013
Greater Hartford Lithotripsy, LLC	SFMG	Medical Director	10/1/2014
Saint Francis Medical Group	SFHMC	Services Under Grant	7/1/2013
Saint Francis Hopsital and	SFMG	PSA	7/26/2013

Medical Center			

Updates from December 17, 2014 through September 22, 2015

Contract Number	Provider Name	Entity	Agreement Type	Effective Date
15-1726	Saint Francis Medical Group, Inc.	SFHMC	Service Agreement	7/27/15
15-1085	Asylum Hill Family Medicine Center, Inc.	SFCMG	PSA	5/18/15
15-1258	Asylum Hill Family Medicine Center, Inc.	SFMG	PSA	7/10/15
15-1178	Masonicare Partners Home Health and Hospice, Inc.	SFHMC	Service Agreement	7/1/15
14-1060	Saint Francis Medical Group, Inc.	SFHMC	PSA	1/1/15
14-1059	Saint Francis Medical Group, Inc.	SFHMC	PSA	12/8/14

Leases

Town	**Address**	**Suite No.**	**Lessee/Sub-lessee**	**Lessor/Sub-lessor**	**Landlord**	**Effective Date**
Hartford	1000 Asylum	2115	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/2014
Avon	35 Nod Rd	105	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	9/1/2012

Town	**Address**	**Suite No.**	**Lessee/Sub- lessee**	**Lessor/Sub-lessor**	**Landlord**	**Effective Date**
Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	3/1/2014
Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and	Connemara Court, LLC	4/1/2014

				Medical Center		
Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	12/1/2014
Ellington	137 West Road	800	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	7/1/2012
Enfield	7 Elm St.	207 - Right Side	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/2013
Enfield	7 Elm St.	207 - Left side	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	1/14/2014
Enfield	7 Elm St.	307	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/2013
Enfield	7 Elm St.	207 - Left Side	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/2014
Enfield	7 Elm St.	207 (Left Side)	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	5/8/2014
Glastonbury	300 Hebron	207	Saint Francis Medical Group, Inc.	Saint Francis Medical	Woodland Collins	5/1/2014

	Avenue			Group, Inc.	Associates	
Glastonbury	31 Sycamore Commons	202	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Tyler Development Company	9/1/2012
Hartford	1000 Asylum	4304	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/2011
Hartford	1000 Asylum	4320	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/18/2014
Hartford	1000 Asylum	2110, 2130	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/2012
Hartford	1000 Asylum	2109A	Saint Francis Medical Group,	Saint Francis Hospital and	Saint Francis Hospital and	4/1/2013

Town	**Address**	**Suite No.**	**Lessee/Sub-lessee**	**Lessor/Sub-lessor**	**Landlord**	**Effective Date**
			Inc.	Medical Center	Medical Center	
Hartford	1000 Asylum	2118	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/2013
Hartford	1000 Asylum	2120	Saint Francis Medical Group, Inc.	Saint Francis Hospital and	Saint Francis Hospital and	3/1/2014

				Medical Center	Medical Center	
Hartford	1000 Asylum	3207	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/2012
Hartford	1000 Asylum	2102	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/2012
Hartford	1000 Asylum	2107A	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/15/2012
Hartford	1000 Asylum	2103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/15/2012
Hartford	1000 Asylum	2112	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/2013
Hartford	1000 Asylum	4307	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/28/2012
Hartford	1000 Asylum	3201F	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/25/2012
Hartford	1000 Asylum	3215	Saint Francis Medical Group, Inc.	Saint Francis Hospital	Saint Francis Hospital	12/1/2013

				and Medical Center	and Medical Center	
Hartford	1000 Asylum	1019A - Storage	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/2014
Hartford	1075 Asylum Ave.	First Floor	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/2013
Hartford	114 Woodland St.	Floor 1, Building 2 (Women's Center)	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/2014
Hartford	490 Blue	MS Center	Saint Francis	Mount Sinai	Mount Sinai	7/1/2012

Town	**Address**	**Suite No.**	**Lessee/Sub-lessee**	**Lessor/Sub-lessor**	**Landlord**	**Effective Date**
	Hills Ave.		Medical Group, Inc.	Rehabilitation Hospital	Rehabilitation Hospital	
Hartford	490 Blue Hills Ave.	MS Center	Saint Francis Medical Group, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	10/1/2013
Hartford	490 Blue Hills Ave.	MS Center	Saint Francis Medical Group, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	5/1/2014
Hartford	500 Blue Hills Ave.	3rd Floor	Saint Francis Medical Group, Inc.	Saint Francis Hospital and	Saint Francis Hospital and	9/1/2014

				Medical Center	Medical Center	
Manchester	515 West Middle Turnpike	120	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	515 West Middle Turnpike Associates Limited Partnership	4/1/2014
Windsor	1080 Day Hill Rd.	103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/2012
Suffield	162 Mountain Road	Second Floor	Saint Francis Medical Group	Saint Francis Medical Group	Suffield Medical Center, LLC	11/1/2014
Hartford	131 Coventry Street	Second Floor	Saint Francis Hospital and Medical Center	Mount Sinai Hospital Foundation, Inc.	Mount Sinai Hospital Foundation, Inc.	4/4/1997
Hartford	95 Woodland St.	Fourth Floor	Saint Francis HealthCare Partners, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/2010
Bloomfield	421 Cottage Grove Rd.	C	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	AMCAP Copaco, LLC	1/1/2012
Hartford	114 Woodland St.	Building 4, 5th Floor	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/2011
Hartford	675 Tower Rd.	301-office and 306-storage	Saint Francis Behavioral Health Group, PC	Saint Francis Hospital and Medical	Saint Francis Hospital and Medical	3/15/2012

				Center	Center	
Simsbury	30 Dorset Crossing Drive	400	Saint Francis Behavioral Health Group, P.C.	Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	10/1/2012
Hartford	95 Woodland	Third Floor	Mount Sinai Rehabilitation	Saint Francis Hospital and	Saint Francis Hospital and	1/1/2014

Town	**Address**	**Suite No.**	**Lessee/Sub- lessee**	**Lessor/Sub-lessor**	**Landlord**	**Effective Date**
	St.		Hospital Inc.	Medical Center	Medical center	
Hartford	114 Woodland St.	Floor 4-5, Office	Masonicare Partners Home Health and Hospice, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/2014
Enfield	7 Elm St.	207	Collins Medical Associates 2, P.C. d/b/a CT Women OBGYN	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/2013
Hartford	95 Woodland St.	Fourth Floor	Collins Medical Associates 2, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/2/2012
West Hartford	345 No. Main st.	242	Collins Medical Associates 2, P.C.	Saint Francis Hospital and Medical Center	Summit Green LLC	10/1/2012
Hartford	1000 Asylum	3209	Collaborative Labortory	Saint Francis	Saint Francis	1/1/2013

			Services, LLC	Hospital and Medical Center	Hospital and Medical Center	
Hartford	114 Woodland St.		Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/2014
Hartford	19 Woodland St.	Suite 22	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/2/2011
Hartford	500 Blue Hills Ave.		Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/2014
Simsbury	30 Dorset Crossing Drive	300	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	10/1/2012
West Hartford	345 No. Main st.	240	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Summit Green, LLC	10/1/2012
Hartford	99 Woodland St.	First Floor and lower Level	Asylum Hill Family Medicine Center, Inc.	Saint Franics Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/2013

East Hartford	893 Main St.	101	Asylum Hill Family Medicine Center	Saint Francis Care Medical Group, P.C.	Merchant East Hartford II, LLC	8/1/2013

Updates from December 17, 2014 through September 22, 2015:

Contract Number	Town	Address	Suite No.	Lessee	Lessor	Landlord	Effective Date	Update Action
13-386-D	Hartford	1000 Asylum	3207	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12	Terminated
15-1691	Hartford	1000 Asylum	3207	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/15	New Contract
15-1637	Windsor	1080 Day Hill Rd.	103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/15	New Contract
11-609	Bloomfiel d	421 Cottage Grove Rd.	C	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	AMCAP Copaco, LLC	1/1/12	Terminated.
14-1041	Bloomfiel d	421 Cottage Grove Rd.	C	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	AMCAP Copaco, LLC	1/1/15	New Contract
12-065	Hartford	1000	2110,	Saint	Saint	Saint	5/1/12	Terminated

		Asylum	2130	Francis Medical Group, Inc.	Francis Hospital and Medical Center	Francis Hospital and Medical Center		.
15-1110	Hartford	1000 Asylum	2110, 2130	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/15	New Contract
12-066	Hartford	1000 Asylum	2102	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/12	Terminated.
15-0009	Hartford	1000 Asylum	2102	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/15	New Contract
12-163	Hartford	675 Tower Rd.	301-office and 306-storage	Saint Francis Behavioral Health Group, PC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/15/12	Terminated.
15-0010	Hartford	675 Tower Rd.	301-office and 306-storage	Saint Francis Behavioral Health Group, PC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/15/15	New Contract

12-180	Hartford	1000 Asylum	2107A	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/15/12	Terminated.
12-249	Hartford	1000 Asylum	2103	Saint Francis Medical	Saint Francis Hospital	Saint Francis Hospital and Medical	5/15/12	Terminated.

				Group, Inc.	and Medical Center	Center		
15-1102	Hartford	1000 Asylum	2103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/15/15	New Contract
12-451	Windsor	1080 Day Hill Rd.	103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12	Amended. Contract # 14-1053
12-734	Hartford	1000 Asylum	3209	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/13	Terminated.
15-1402	Hartford	1000 Asylum	3209	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15	New Contract
13-119	Enfield	7 Elm St.	207	Collins Medical Associates 2, P.C. d/b/a CT Women OBGYN	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/13	Amended. Contract # 15-1237
13-345	Hartford	95 Woodland St.	Fourth Floor	Saint Francis HealthCare Partners, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/10	Amended. Contract # 15-0011
14-0419	Hartford	490 Blue Hills Ave.	MS Center	Saint Francis Medical Group, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	5/1/14	Terminated
14-1096	Hartford	1000 Asylum	3201A and 3201	Saint Francis Medical Group,	Saint Francis Hospital and	Saint Francis Hospital and Medical Center	1/1/15	New Contract

			Storage	Inc.	Medical Center			
15-0015	Hartford	1000 Asylum	4301	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/15	New Contract
15-1101	Hartford	675 Tower Rd.	404B	Connecticut Occupational Medicine Partners, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/15	New Contract

15-1272	Hartford	1000 Asylum	4309	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15	New Contract
15-1273	Glastonbu ry	31 Sycamore Commons	202	Collins Medical Associates 2, P.C.	Saint Francis Hospital and Medical Center	Tyler Development Company	7/1/15	New Contract
15-1274	Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15	New Contract
12-378	Avon	35 Nod Rd	105	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	CONNEMARA Court, LLC	9/1/12	Terminated
15-1636	Avon	35 Nod Rd	105	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	CONNEMARA Court, LLC	9/1/15	New Contract
12-435	Hartford	1000 Asylum	4307	Saint Francis Medical	Saint Francis Hospital	Saint Francis Hospital and Medical	8/28/12	Terminated

				Group	and Medical Center	Center		
15-1547	Hartford	1000 Asylum	4307	Saint Francis Medical Group	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15	New Contract
13-191	Hartford	1000 Asylum	2109A	Saint Francis Medical Group	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	4/1/13	Terminated
15-1581	Hartford	1000 Asylum	3213A	Saint Francis Medical Group	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15	New Contract
15-1403	Hartford	490 Blue Hill Avenue		Saint Francis Medical Group	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	8/1/15	New Contract
14-0443	Hartford	490 Blue Hill Avenue	MS Center	Saint Francis Medical Group	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	7/1/12	Terminated
13-751	Hartford	490 Blue Hill Avenue	MS Center	Saint Francis Medical Group	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	10/1/13	Terminated
12-371	Glastonbu ry	31 Sycamore Commons	202	Saint Francis Medical Group	Tyler Development Company	Tyler Development Company	9/1/12	Terminated

15-1635	Glastonbu ry	31 Sycamore	202	Saint Francis Medica	Tyler Development Company	Tyler Development Company	9/1/15	New Contract

		Commons		l Group				
12-269	Ellington	137 West Road	800	Saint Francis Medical Group	Saint Francis Hospital and Medical Center	Cornerstone Ellington LLC	7/1/12	Terminated
15-1634	Ellington	137 West Road	800	Saint Francis Medical Group	Saint Francis Hospital and Medical Center	Cornerstone Ellington LLC	9/1/15	New Contract

Section 6.09(a)(vi)

As of December 17, 2014: Saint Francis Hospital and Medical Center, the Mount Sinai Hospital Campus (the "Medical Center"), and the New England Health Care Employees Union, District 1199, SEIU/AFL-CIO ("District 1199") are parties to a collective bargaining agreement up through May 26, 2015. By its terms this Agreement will automatically continue thereafter unless either party gives ninety (90) days' notice of its intention to terminate or modify such Agreement.

As of September 22, 2015: Saint Francis Hospital and Medical Center, the Mount Sinai Hospital Campus (the "Medical Center"), and the New England Health Care Employees Union, District 1199, SEIU/AFL-CIO ("District 1199") are parties to a recently ratified collective bargaining agreement in effect through May 26, 2018.

Section 6.09(a)(vii)

- Documents executed in connection with issuance of $39,745,000 CHEFA Revenue Bonds, Series E
- Documents executed in connection with issuance of $50,000,000 CHEFA Revenue Bonds, Series H
- Documents executed in connection with issuance of $60,000,000 CHEFA Revenue Bonds, Series I
- Documents executed in connection with issuance of $40,000,000 CHEFA Revenue Bonds, Series J
- Documents executed in connection with issuance of $35,000,000 CHEFA Revenue Bonds, Series K
- Documents executed in connection with issuance of $20,000,000 CHEFA Revenue Bonds, Series L
- Documents executed in connection with issuance of $8,215,000 CHEFA Revenue

Bonds, Series M

- Documents executed in connection with the $5,000,000 line of credit with Bank of America.
- Documents executed in connection with interest rate swap arrangements with Bank of America.
- Documents executed in connection with interest rate swap arrangements Morgan Stanley.

Update as of September 22, 2015: Each of the foregoing debt obligations, excluding the $5,000,000 line of credit with Bank of America, will be redeemed or novated in full as of October 1, 2015.

Capital Leases
Master Lease and Financing Agreement No. 11180 by and between Cisco Systems Capital Corporation and Saint Francis Hospital and Medical Center dated August 1, 2014
Nuance Healthcare Master Agreement by and between Nuance Communications, Inc. and Saint Francis Hospital and Medical Center dated May 22, 2013
License, Support and Implementation Agreement by and between Orion Health Inc. and Saint Francis Hospital and Medical Center dated March 28, 2013
Master Lease Agreement by and between Celtic Leasing Corp. and Saint Francis Hospital and Medical Center, as amended, dated March 26, 2010
Master Loan and Security Agreement by and between Siemens Financial Services, Inc. and Saint Francis Hospital and Medical Center, as amended, dated December 12, 2008
License and Support Agreement by and between Epic Systems Corporation and Saint Francis Hospital and Medical Center dated September 25, 2012

SCHEDULE 6.10

PERMITTED ENCUMBRANCES

1. The matters set forth in the CT Lien Solutions lien search reports dated March 20, 2013, December 11, 2014 and August 28, 2015 copies of which have been provided to Trinity Health.

2. Encumbrances granted in the ordinary course of business since August 28, 2015.

SCHEDULE 6.12(a)

OWNED REAL PROPERTY/ENCUMBRANCES

[SEE ATTACHED]

OWNED

Physical Plant
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
SAINT FRANCIS & MOUNT SINAI CAMPUSES
(including off-campus sites)

LOCATION	OWNED / LEASED	USE	SQ FT	YR BUILT	CONSTRUCTION	# OF FLOORS	FIRE PROTECTION
SF Bldg #7, John T. O'Connell Tower	owned	Patient care	318,000	2011	Steel, concrete	10	AS, A, S, H
SF Bldg #6	owned	Closed	54,611	1949	Brick, concrete	5	AS, A, S
SF Bldg #5	owned	Offices	67,381	1938	Brick, concrete	5	AS, A, S
SF Bldg #4	owned	Offices	44,805	1920	Brick, concrete	5	AS, A, S
SF Bldg #3	owned	Offices	48,986	1916	Brick, concrete	5	AS, A, S
SF Bldg #2	owned	Patient care	97,695	1960	Brick, concrete	8	AS, A, S
SF Bldg #1	owned	Patient care	230,652	1972	Brick, concrete	8	AS, A, S
Rehabilitation Hospital of Connecticut 490 Blue Hills Avenue	owned	Rehabilitation facility	57,000	1997	Brick	2	A, S, A, H
Patient Care Tower	owned	Patient care	358,000	1996	Pre-cast concrete, s	10	As, A, S, H
Mount Sinai Campus (Rehab Hospital) 500 Blue Hills Avenue	owned	Patient care, lab	300,000	1950 19 68	Brick	7 / 9	AS, S, A, H
Cancer Center	owned	Medical offices	53,400	1993	Pre-cast concrete, s	2	AS, A, S
Burgdorf Health Center 131 Coventry St. Hartford, CT 06112 (Owned by Mount Sinai Foundation)	owned	Clinics	52,000	1997	Brick	2	AS, S, A
99 Woodland Street	owned	Medical offices, lab	36,000	1965	Brick	2	AS

LOCATION	OWNED / LEASED	USE	SQ FT	YR BUILT	CONSTRUCTION	# OF FLOORS	FIRE PROTECTION
95 Woodland Street	owned	Health Center, Occupational Health, Fitness Center	12,500	1961	Pre-cast concrete, s	4	AS, A, S
675 Tower Avenue	owned	Medical offices	45,000	1979	Brick	4	S, A, AS partial
659 Tower Avenue	owned	Medical Office	20,964	1987	Masonry	2	
45-52 Woodland Park	owned	Resident Housing	5,000	1980	Joisted masonry	2	

LOCATION	OWNED / LEASED	USE	SQ FT	YR BUILT	CONSTRUCTION	# OF FLOORS	FIRE PROTECTION
41-44 Woodland Park	owned	Resident Housing	5,000	1980	Joisted masonry	2	
35-40 Woodland Park	owned	Resident Housing	5,000	1980	Joisted masonry	2	
26-34 Woodland Park	owned	Resident Housing	5,000	1980	Joisted masonry	2	
260 Ashley Street	owned	Innovation Center	40,500	1990	Brick, concrete	3	AS, A, S, H
234-236 Ashley Street, Hartford, CT	owned	Vacant apts	14,385	1927	Frame/brick exterior	2	alarm
19 Woodland Street, Unit 47	owned	medical office	765	1986	Brick	4	
19 Woodland Street, Unit 37	owned	Medical Office	1,317	1986	Brick		
19 Woodland Street, Unit 35	owned	Medical Office	3,608	1986	Brick	4	S
19 Woodland Street #45 & 46	owned	Medical Offices	4,349	1986	Brick	4	S
19 Woodland Street #22	owned	Medical Offices	693	1986	Brick	4	S
18-25 Woodland Park	owned	Resident Housing	5,000	1980	Joisted masonry	2	
137 Woodland Street	owned	Day care	2,230	1942	Wood	2	S, alarm

LOCATION	OWNED / LEASED	USE	SQ FT	YR BUILT	CONSTRUCTION	# OF FLOORS	FIRE PROTECTION
133 Woodland Street	owned	Resident housing/ 4 apartments	2,230	1942	Frame	2	S, alarm
129 Woodland Street	owned	1 apt, vacant office	2,230	1942	Wood	2	S, alarm
1080 Day Hill Rd, Windsor	owned	Medical offices	1,500		Brick	1	S
1075 Asylum Avenue	owned	Outpatient services	7,500	1980	Brick, concrete	1	
1000 Asylum Avenue, Suite 3201A & 3201	owned		medical offic2,382	1941	Pre-cast concrete, s	7	A, S, partial sprinkler
1000 Asylum Avenue, Suite 2120	owned		Medical of2,784	1941	Pre-cast concrete, steel	7	Sprinkler, Alarm
1000 Asylum Avenue	owned	Medical offices, labs	234,000	1941	Pre-cast concrete, s	7	A, S, partial sprinkler

Parking Areas		# SPACES	SQ FT
Collins Garage, 345 Collins St	owned	855	
Woodland Street Garage, 129 Woodland Street, Hartford	owned	700	
Surface Lot A	owned	411	
Surface Lot B	owned	420	
Surface Lot C	owned	47	
Surface Lot D	owned	272	
Surface Lot E	owned	100	
Surface Lot G	owned	385	
ED	owned	21	
Cancer Center	owned	23	
95 Woodland Street	owned	168	
99 Woodland Street	owned	19	
Blue Hills Avenue	owned		65,000
103 Woodland Street	leased	150	10,000
103 Woodland Street	leased	60	

Parking Areas		**# SPACES**	**SQ FT**
20 Huntington St, Hartford	leased		17,500
31 Sumner Street, Hartford	leased		17,500
51 Homestead Avenue	owned	Parking Garage	65,360
101 Homestead Avenue	owned	vacant land	.166 acres
Total Parking Spaces		3,631	
Total Parking Square Feet			350,720
Grand total number of parking spaces not assigned by sq. feet		3,631	
Grand Total Square Feet - Property & Parking			350,720

Section 6.12(b)

Leased Real Property & Saint Francis Leases

Real Property Leased by Saint Francis or a Controlled Subsidiary

Contract Number	Town	Address	Suite No.	Lessee	Lessor	Landlord	Effective Date
13-620	East Hartford	893 Main St.	101	Asylum Hill Family Medicine Center	Saint Francis Care Medical Group, P.C.	Merchant East Hartford II, LLC	8/1/13
12-651	Hartford	99 Woodland St.	First Floor and lower Level	Asylum Hill Family Medicine Center, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/13
N/A	East Hartford	893 Main St.	Storage Space	Asylum Hill Family Medicine Center, Inc.	Merchant East Hartford II, LLC	Merchant East Hartford II, LLC	10/1/11
11-085	Avon	35 Nod Rd	202	Collaborative Laboratory Services, LLC	Connemara Court, LLC	Connemara Court, LLC	3/28/11
06-059	East Hartford	893 Main St.	Portion of 1st, 2nd, 3rd floors (1,000 sf) (Suite 102)	Collaborative Laboratory Services, LLC	Merchant East Hartford II, LLC	Merchant East Hartford II, LLC	10/1/07
11-271	Farmington	2 Spring Lane	Unit #4	Collaborative Laboratory Services, LLC	Spring Plaza, LLC	Spring Plaza, LLC	10/24/11
12-122	West Hartford	928 Farmington Avenue	First Floor	Collaborative Laboratory Services, LLC	Nine Twenty Eight Company, LLC	NineTwenty Eight Company, LLC	3/15/12
06-057	Enfield	7 Elm St.	305	Collaborative Laboratory Services, LLC	A&L Troiano Family, LLC	A&LTroiano Family, LLC	5/1/11
13-889	Bloomfield	580 Cottage Grove Rd.	105	Collaborative Laboratory Services, LLC	Corporate Crossing Limited Partnership	Corporate Crossing Limited Partnership	9/1/14
14-0793	Rocky Hill	2301 Silas Deane Highway	1st floor	Collaborative Laboratory Services, LLC	2301 Silas Deane, LLC	2301 Silas Deane, LLC	10/1/14
14-0396	Farmington	220 Farmington Avenue	Lab	Collaborative Laboratory Services, LLC	Salud Primary Care, LLC	85 Bishop Lane Corp.	11/1/14
N/A	Hartford	19	Suite 22	Collaborative	Saint Francis	Saint Francis	5/2/11

Contract Number	Town	Address	Suite No.	Lessee	Lessor	Landlord	Effective Date
		Woodland St.		Laboratory Services, LLC	Hospital and Medical Center	Hospital and Medical Center	
12-515	West Hartford	345 No. Main st.	240	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Summit Green, LLC	10/1/12
07-749	Rocky Hill	506 Cromwell Avenue	lab	Collaborative Laboratory Services, LLC	Jacques Mendelsohn, M.D.	Jacques Mendelsohn, M.D.	9/1/07
14-0350	Hartford	114 Woodland St.		Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/14
14-0363	Hartford	500 Blue Hills Ave.		Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/14
14-0397	Bolton	921 Boston Turnpike	Lab Space	Collaborative Laboratory Services, LLC	Ronald Buckman, M.D.	Ronald Buckman, M.D.	12/1/14
12-256	Avon	44 Dale Road	301	Collaborative Laboratory Services, LLC	44 Dale Road, LLC	44 Dale Road, LLC	11/1/12
12-455	Simsbury	30 Dorset Crossing Drive	300	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	10/1/12
15-0005	Wethersfield	30 Jordan Lane		Collaborative Laboratory Services, LLC	Prime Healthcare, P.C.	30 Jordan Lane Associates, LLC	4/20/15
14-0600	Ellington	137 West Rd.	Lab Room	Collaborative Laboratory Services, LLC	Cornerstone Ellington, Inc.	Cornerstone Ellington, Inc.	3/1/15
15-1352	Glastonbury	31 Sycamore Commons		Collaborative Laboratory Services, P.C.	Tyler Development Company	Tyler Development Company	8/1/15
15-1402	Hartford	1000 Asylum	3209	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1101	Hartford	675 Tower Rd.	404B	Connecticut Occupational Medicine Partners, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical	5/1/15

						Center	
13-925	Hartford	95 Woodland St.	Third Floor	Mount Sinai Rehabilitation Hospital Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical center	1/1/14
07-825	West Hartford	335 Bloomfield Avenue		Mount Sinai Rehabilitation Hospital, Inc.	The Joyce D. and Andrew J. Mandell Greater Hartford Jewish Community Center, Inc.	The Joyce D. and Andrew J. Mandell Greater Hartford Jewish Community Center, Inc.	12/10/07
12-417	Simsbury	30 Dorset Crossing Drive	400	Saint Francis Behavioral Health Group, P.C.	Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	10/1/12
13-639	Glastonbury	27 Sycamore Commons		Saint Francis Behavioral Health Group, P.C.	Tyler Development Company	Tyler Development Company	10/1/13
15-0010	Hartford	675 Tower Rd.	301-office and 306-storage	Saint Francis Behavioral Health Group, PC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/15/15
14-0126	Enfield	151 Hazard Avenue	4,5,6	Saint Francis Behavioral Health Group, P.C.	Karios Properties, LLC	Karios Properties, LLC	9/2/14
N/A	East Hartford	893 Main St.	Portion 1st,2nd,3rd fl	Saint Francis Care Medical Group, P.C.	Merchant East Hartford II, LLC	Merchant East Hartford II, LLC	10/1/07
15-0025	Enfield	15 Palomba Drive	13 (also known as Unit 7)	Saint Francis Care Medical Group, P.C.	Prime Healthcare, P.C.	Joseph Brenton, M.D.	2/9/15
11-146	Hartford	114 Woodland St.	Building 4, 5th Floor	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/11
09-132	Ellington	137 West Rd.	Primary Care	Saint Francis Care Medical Group, P.C.	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/10
12-815	Enfield	7 Elm St.	207	Saint Francis Care Medical Group, P.C.	A&L Troiano Family, LLC	A&L Troiano Family, LLC	2/1/13
14-1041	Bloomfield	421 Cottage Grove Rd.	C	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	AMCAP Copaco, LLC	1/1/15
15-0011	Hartford	95	Fourth	Saint Francis	Saint Francis Hospital	Saint Francis	6/1/10

		Woodland St.	Floor	HealthCare Partners, Inc.	and Medical Center	Hospital and Medical Center	
11-067	Avon	35 Nod Rd	103, 104, 105 (MAIN LEASE)	Saint Francis Hospital and Medical Center	Connemara Court, LLC	Connemara Court, LLC	3/15/11
08-431	East Hartford	893 Main St.	3rd floor	Saint Francis Hospital and Medical Center	Merchant East Hartford II, LLC	Merchant East Hartford II, LLC	7/1/08
11-310	Glastonbury	31 Sycamore Commons	3,310 SF (UPSTAIRS)	Saint Francis Hospital and Medical Center	Tyler Development Company	Tyler Development Company	9/1/11
11-551	Hartford	550 Main Street	Ground Floor	Saint Francis Hospital and Medical Center	City of Hartford	City of Hartford	5/1/12
NONE	Hartford	131 Coventry Street	Second Floor	Saint Francis Hospital and Medical Center	Mount Sinai Hospital Foundation, Inc.	Mount Sinai Hospital Foundation, Inc.	4/4/97
14-0099	Torrington	1598 East Main Street	Suite B	Saint Francis Hospital and Medical Center	1598 East Main Street, LLC	1598 East Main Street, LLC	7/1/11
14-0662	Rocky Hill	506 Cromwell Avenue		Saint Francis Hospital and Medical Center	Rocky Hill Medical Arts Associates	Rocky Hill Medical Arts Associates	10/1/14
N/A	Avon	35 Nod Rd		Saint Francis Hospital and Medical Center	Radiology Associates of Hartford, P.C.		10/1/11
08-582	Bloomfield	421 Cottage Grove Rd.	MAIN LEASE	Saint Francis Hospital and Medical Center	Amcap Copaco, LLC	Amcap Copaco, LLC	11/1/08
14-0572	Manchester	318 West Middle Turnpike	Within Stop and Shop Building	Saint Francis Hospital and Medical Center	Bellin Memorial Hospital, Inc.	Ahold U.S.A., Inc.	7/25/14
13-960	Simsbury	498 Bushy Hill Road	Within Stop and Shop Building	Saint Francis Hospital and Medical Center	Bellin Memorial Hospital, Inc.	Ahold U.S.A., Inc.	
14-0989	Glastonbury	New London Turnpike and Oak Street	Within Stop and Shop Building	Saint Francis Hospital and Medical Center	Bellin Memorial Hospital, Inc.	Ahold U.S.A., Inc.	3/31/15
10-309	West Hartford	20 Isham Rd.	1st floor, west wing	Saint Francis Hospital and	M&R Gassner Family II, LLC	M&R Gassner	12/15/10

				Medical Center		Family II, LLC	
06-338	Windsor	100 Deerfield Rd.		Saint Francis Hospital and Medical Center	Easter Seals Greater Hartford Rehabilitation Center, Inc.	Easter Seals Greater Hartford Rehabilitation Center, Inc.	10/1/06
13-012	Farmington	76 Batterson Park Road	First Floor	Saint Francis Hospital and Medical Center	Fusco Farmington Associates Limited Partnership	Fusco Farmington Associates Limited Partnership	6/5/13
13-626	Hartford	999 Asylum Avenue	lower level	Saint Francis Hospital and Medical Center	Wheeler Clinic, Inc.	BostonHartford, LLC	11/1/13
15-1047	Simsbury	30 Dorset Crossing Drive	101, 102, 103, 104, 105 in Building 1	Saint Francis Hospital and Medical Center	Dorset Crossing, LLC	Dorset Crossing, LLC	8/1/12
12-815	Enfield	7 Elm St.	205	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	A&L Troiano Family LLC	2/1/13
12-815	Enfield	7 Elm St.	202, 301, 307	Saint Francis Hospital and Medical Center	A&L Troiano Family, Inc.	A&L Troiano Family, Inc.	2/1/13
10-135	Ellington	137 West Rd.	Behavior Science/Suite 800	Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/10
09-129	Ellington	137 West Rd.	Office Time-Share/Suite 200 and 800	Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/10
09-126	Ellington	137 West Rd.	Community Room	Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/10
09-131	Ellington	137 West Rd.	Suite 700	Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	Cornerstone Ellington, LLC	1/1/10
09-046	Hartford	287 Homestead Ave.	Storage Space	Saint Francis Hospital and Medical Center	Hartford Special Partners, LLC	Hartford Special Partners, LLC	8/1/08
11-109	Manchester	515 West Middle	First Floor	Saint Francis Hospital and	515 West Middle Turnpike Associates	515 West Middle	4/27/11

		Turnpike		Medical Center	Limited Partnership	Turnpike Associates Limited Partnership	
13-064	Hartford	103 Woodland Street		Saint Francis Hospital and Medical Center	Brookfield Asset, LLC and Bridgetown, LLC	Brookfield Asset, LLC and Bridgetown, LLC	4/1/13
12-494	West Hartford	345 No. Main st.	Second Floor	Saint Francis Hospital and Medical Center	Bishop's Corner (E&A), LLC	Bishop's Corner (E&A), LLC	11/1/12
12-489	Hartford	140 Woodland Street	First Floor	Saint Francis Hospital and Medical Center; Saint Francis Care, Inc.	Urban League of Greater Hartford, Inc.	Urban League of Greater Hartford, Inc.	12/1/12
14-0425	Suffield	162 Mountain Road	Second Floor	Saint Francis Medical Group	Saint Francis Medical Group	Suffield Medical Center, LLC	11/1/14
15-1634	Ellington	137 West Road	800	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Cornerstone Ellington, LLC	9/1/15
15-1636	Avon	35 Nod Rd	105	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	9/1/15
14-0013	Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	3/1/14
14-0210	Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	4/1/14
14-0853	Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Connemara Court, LLC	12/1/14
13-384-I	Enfield	7 Elm St.	207 - Right Side	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/13
14-0005	Enfield	7 Elm St.	207 - Left side	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	1/14/14
13-126	Enfield	7 Elm St.	307	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/13
14-0133	Enfield	7 Elm St.	207 - Left Side	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	3/1/14
14-0283	Enfield	7 Elm St.	207 (Left Side)	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	A&L Troiano Family, LLC	5/8/14
15-1635	Glastonbury	31 Sycamore Commons	202	Saint Francis Medical	Saint Francis Hospital and	Tyler Development	9/1/15

				Group, Inc.	Medical Center	Company	
14-0175	Manchester	515 West Middle Turnpike	120	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	515 West Middle Turnpike Associates Limited Partnership	4/1/14
14-1053	Windsor	1080 Day Hill Rd.	103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12
14-0577	Hartford	1000 Asylum	1019A - Storage	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/14
13-533	Hartford	1000 Asylum	2112	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/13
13-855	Hartford	1000 Asylum	2118	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/13
14-0107	Hartford	1000 Asylum	2120	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/14
12-493	Hartford	1000 Asylum	3201F	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/25/12
13-386-D	Hartford	1000 Asylum	3207	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12
13-941	Hartford	1000 Asylum	3215	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/13
13-384-G	Hartford	1000 Asylum	4304 and 3201-C	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/11
15-1547	Hartford	1000 Asylum	4307	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15
13-923	Hartford	1000 Asylum	4320	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/18/14
13-847	Hartford	1075 Asylum Ave.	First Floor	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/13
14-0642	Hartford	114 Woodland St.	Floor 1, Building 2 (Women's Center)	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/14

14-1096	Hartford	1000 Asylum	3201A and 3201 Storage	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/15
14-1027	Hartford	490 Blue Hills Ave.	MS Center	Saint Francis Medical Group, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	5/1/14
15-0015	Hartford	1000 Asylum	4301	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/15
15-0009	Hartford	1000 Asylum	2102	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/15
15-1581	Hartford	1000 Asylum	3213A	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15
14-0838	Bloomfield	580 Cottage Grove Rd.	201	Saint Francis Medical Group, Inc.	Stone, Goldenberg & Dharan, LLP	Simons Real Estate Group, Inc.	4/1/15
15-0007	Bloomfield	One Northwestern Drive	302	Saint Francis Medical Group, Inc.	One Northwestern Dr. L.L.C.	One Northwestern Dr. L.L.C.	2/1/15
13-531	Enfield	148 Hazard Avenue	107	Saint Francis Medical Group, Inc.	Johnson Memorial Medical Center, Inc.	Johnson Memorial Medical Center, Inc.	7/1/14
11-508	Farmington	11 South Rd.	Second Floor	Saint Francis Medical Group, Inc.	11 South Road, LLC	11 South Road, LLC	8/1/11
13-965	Glastonbury	300 Hebron Avenue	207	Saint Francis Medical Group, Inc.	Saint Francis Medical Group, Inc.	Woodland Collins Associates	5/1/14
13-967	Hartford	19 Woodland St.	Suites 23, 24, and 26	Saint Francis Medical Group, Inc.	BFG&T Associates LLC	BFG&T Associates LLC	5/1/14
15-1403	Hartford	490 Blue Hills Ave.		Saint Francis Medical Group,	Mount Sinai Rehabilitation	Mount Sinai Rehabilitation	8/1/15
				Inc.	Hospital Inc.	Hospital Inc.	
14-0564	Hartford	500 Blue Hills Ave.	3rd Floor	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/14

14-1014	Norwich	113 Salem Turnpike		Saint Francis Medical Group, Inc.	The Circulatory Center of Connecticut, LLC	Unknown	2/10/15
14-0869	Rocky Hill	546 Cromwell Ave.	First Floor	Saint Francis Medical Group, Inc.	RH Medical Center Associates, LLC	RH Medical Center Associates, LLC	9/1/12
14-0199	Sharon	50 Hospital Hill Road	Second Floor (Sharon Hospital)	Saint Francis Medical Group, Inc.	Essent Healthcare of Connecticut, Inc.	Essent Healthcare of Connecticut, Inc.	4/18/14
14-0654	Vernon	428 Hartford Turnpike	Units 201, 203 and 204	Saint Francis Medical Group, Inc.	428 Hartford Turnpike Associates, LLP	428 Hartford Turnpike Associates, LLP	10/1/14
15-1138	Bloomfield	580 Cottage Grove Rd.	205	Saint Francis Medical Group, Inc.	Corporate Crossing Limited Partnership	Corporate Crossing Limited Partnership	11/1/10
14-0831	Enfield	146 Hazard Avenue	102	Saint Francis Medical Group, Inc.	Professional Offices, LLC	Professional Offices, LLC	11/1/14
15-1110	Hartford	1000 Asylum	2110, 2130	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/15
14-1055	East Hartford	893 Main St.	202	Saint Francis Medical Group, Inc.	East Hartford Internal Medicine, LLC	Prime Healthcare	4/1/15
15-1102	Hartford	1000 Asylum	2103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/15/15
15-1272	Hartford	1000 Asylum	4309	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15
15-1314	Enfield	146 Hazard Avenue	202	Saint Francis Medical Group, Inc.	MEGS Corp.	MEGS Corp.	6/1/15
14-0443	Hartford	490 Blue Hills Ave.	MS Center	Saint Francis Medical Group, Inc.	Mount Sinai Rehabilitation Hospital	Mount Sinai Rehabilitation Hospital	7/1/12
15-1274	Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15
15-1060	Windsor Locks	2 Concorde Way	Building #2	Saint Francis Medical Group, Inc.	Concorde Enterprises, LLC	Concorde Enterprises, LLC	5/1/15
14-0814	Hartford	1000	2115	Saint Francis	Saint Francis Hospital	Saint Francis	11/1/14

		Asylum		Medical Group, Inc.	and Medical Center	Hospital and Medical Center	
08-561	Hartford	287 Homestead Ave.		Total Laundry Collaborative	Hartford Speical Partners, LLC	Hartford Special Partners, LLC	8/1/08
08-159	Bloomfield	701 Cottage Grove Rd.	A110	Woodland Physician Associates, Inc.	Roy A. Kellerman, MD, LLC	Roy A. Kellerman, MD, LLC	3/31/12
15-1691	Hartford	1000 Asylum	3207	Saint Francis Medical	Saint Francis Hospital and Medical Center	Saint Francis Hospital	10/1/15

***Note that the original disclosure with respect to Real Property Leased by Saint Francis or a Controlled Subsidiary in response to Section 6.12(b), which response referenced "*those parcels of real property identified as "Leased" in the Physical Plant Locations list included in the electronic data room . . .as item 11.1.95*." appears to have been over inclusive. The responses to 6.12(b) included all leases in which Saint Francis or a Controlled Subsidiary is a party and was not limited to those properties leased BY Saint Francis or a Controlled Subsidiary (i.e. where Saint Francis is the tenant). This Updated Disclosure corrects that error and is limited to leases for property leased BY Saint Francis or a Controlled Subsidiary.**

Saint Francis Owned Real Property Leases

Contract Number	Town	Address	Suite No.	Lessee	Lessor	Landlord	Effective Date
15-1466	Hartford	129 Woood land Park	38	Khayyer, Ali	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/20/15
14-0108	Hartford	1000 Asylum	2109	H. Robert Silverstein, MD	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/14
15-1451	Hartford	114 Wood land St.	4th Fl, Building 7 (CJRI)	Howmedica Osteonics Corp.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/17/15
15-1274	Avon	35 Nod Rd	104	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15
15-0022	Hartford	100 Wood land St.	First Floor/ Pharmacy	Arrow Prescription Center, #14. Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/11
14-0458	Hartford	1000 Asylum	3206	Arrhythmia Consultants of Connecticut, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/2/13
13-384- G				Saint Francis Medical	Saint Francis Hospital and	Saint Francis Hospital and	

	Hartford	1000 Asylum	4304 and 3201-C	Group, Inc.	Medical Center	Medical Center	2/1/11
14-0814	Hartford	1000 Asylum	2115	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/14
14-0629	Hartford	1000 Asylum	4300,4305,2110A	Greater Hartford Cardiology Group, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/14
13-986	Hartford	1000 Asylum	4310, 3201C-3	Jorge L. Diez, M.D.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/14
12-145	Hartford	1000 Asylum	3201E, 3201C-1	Radiology Associates of Hartford, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12
13-923	Hartford	1000 Asylum	4320	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/18/14
15-1110	Hartford	1000 Asylum	2110, 2130	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/15
13-855	Hartford	1000 Asylum	2118	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/13
14-0107	Hartford	1000 Asylum	2120	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/14
14-0816	Hartford	1000 Asylum	2126, MEZZ-B	Greater Hartford Orthopedic Group, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/14
14-0547	Hartford	1000 Asylum	3220, 3213, Mezzanine D Storage	Paul B. Murray, MD	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/14
13-386- D	Hartford	1000 Asylum	3207	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12
14-0473	Hartford	1000 Asylum	3208/STORAGE BR-F	Stephan C. Lange, MD; Stephen F. Calderon, MD; Howard Lantner, MD	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	4/1/15
15-1548	Hartford	1000	3212, 3201C-2	Connecticut	Saint Francis	Saint Francis	9/1/15

		Asylum		Gastroenterology Associates, PC	Hospital and Medical Center	Hospital and Medical Center	
15-1207	Hartford	1000 Asylum	3218	Bechara J. Barrak, MD and John F. Wenceslao, MD	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15
15-1401	Hartford	1000 Asylum	2108	Hartford Orthopedic Surgeons, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/15
15-1320	Hartford	1000 Asylum	2101	Mark R. Silk, M.D.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-0009	Hartford	1000 Asylum	2102	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/15
15-1102	Hartford	1000 Asylum	2103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/15/15
13-533	Hartford	1000 Asylum	2112	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/13
15-1547	Hartford	1000 Asylum	4307	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/28/12
12-493	Hartford	1000 Asylum	3201F	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/25/12
13-833	Hartford	1000 Asylum	3201F	Yale-New Haven Hospital, Inc.	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	9/25/12
15-1402	Hartford	1000 Asylum	3209	Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
13-182	Hartford	1000 Asylum	2114	The Hospital of Central Connecticut at New Britain General and Bradley Memorial	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	4/15/13
				Saint Francis	Saint Francis	Saint Francis	

13-941	Hartford	1000 Asylum	3215	Medical Group, Inc.	Hospital and Medical Center	Hospital and Medical Center	12/1/13
14-0577	Hartford	1000 Asylum	1019A - Storage	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/14
14-0815	Hartford	1000 Asylum	3211	Chawla Heart Technologies, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/15
14-1096	Hartford	1000 Asylum	3201A and 3201 Storage	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/15
15-0015	Hartford	1000 Asylum	4301	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/15
15-1272	Hartford	1000 Asylum	4309	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15
13-847	Hartford	1075 Asylum Ave.	First Floor	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/13
11-242	Hartford	114 Woodland St.		ABP Corp. successor in interest to Au Bon Pain Co., Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/11
14-0892	Hartford	114 Woodland St.	Floor 4-5, Office	Masonicare Partners Home Health and Hospice, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/14
14-0350	Hartford	114 Woodland St.		Collaborative Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/14
14-0883	Hartford	114 Woodland St.	4th floor, building 7, auditorium	Davol, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/15/14
14-0020	Hartford	114 Woodland St.	Floor 3-3	Woodland Anesthesiology Associates, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/14
NONE	Hartford	114 Woodland St.		American Messaging Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/3/11
11-146	Hartford	114 Woodland St.	Building 4, 5th Floor	Saint Francis Care Medical Group, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/11
14-0474	Hartford	114 Woodland	Fourth Floor, Building 7	Smith & Nephew	Saint Francis Hospital and	Saint Francis Hospital and	6/27/14

		St.			Medical Center	Medical Center	
NONE	Hartford	114 Woodland St.	rooftop	AT&T Wireless PCS, LLC	AT&T Wireless PCS, LLC	Saint Francis Hospital and Medical Center	1/6/13
14-0642	Hartford	114 Woodland St.	Floor 1, Building 2 (Women's Center)	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/14
15-1218	Hartford	129 Wooodland Park	6	Menuba, Elias N.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1220	Hartford	129 Wooodland Park	9	Fitzgerald, Thomas	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/20/15
15-1222	Hartford	129 Wooodland Park	21	Calender, Jeffrey	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1223	Hartford	129 Wooodland Park	23	Ighile, Omosede	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1225	Hartford	129 Wooodland Park	31	Zawidniak, John	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1226	Hartford	129 Wooodland Park	34	Wilson, Amanda and Bluett, Matt	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1227	Hartford	129 Wooodland Park	36	Gulati, Vinay and Gulati, Ashima	Saint Francis Hospital and Medical	Saint Francis Hospital and Medical Center	7/1/15

					Center		
15-1228	Hartford	129 Wooodland Park	42	Curry, Melissa	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1231	Hartford	129 Wooodland Park	46	Kelley, Christopher	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1233	Hartford	129 Wooodland Park	51	Sipusic, Elizabeth	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1234	Hartford	129 Wooodland Park	52	Longley, Robin	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1232	Hartford	129 Wooodland Park	48	Ashanee Thompson	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1218	Hartford	129 Wooodland Park	19	Ward, Meredith	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1230	Hartford	129 Wooodland Park	44	Applewhite, Heather	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1219	Hartford	129 Wooodland Park	7	Ahram, Haya	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1144	Hartford	129 Wooo dland Park	41	O'Bryant, Steven	Saint Francis Hospital and	Saint Francis Hospital and	7/1/14

					Medical Center	Medical Center	
15-1224	Hartford	129 Wooodland Park	25	Morgan, Elizabeth A.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1229	Hartford	129 Wooodland Park	43	Hamilton, Melissa	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1537	Hartford	129 Wooodland Park	24	Lomakina, Nadezhda	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15
15-1517	Hartford	129 Wooodland Park	18	Kaleel, Mohammed	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15
15-1544	Hartford	129 Wooodland Park	4	Umer, Affan	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/24/15
14-0837	Hartford	129 Wooodland Park	45	Agosto, Anardi	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/13/14
14-1008	Hartford	129 Wooodland Park	12	Kelly, Andrew	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/1/14
14-1030	Hartford	129 Wooodland Park	20	DiPasquale, Lisa Marie	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/31/15
15-1143	Hartford	129 Wooodland Park	37	Villarreal, Eugenio	Saint Francis Hospital and	Saint Francis Hospital and	4/30/15

					Medical Center	Medical Center	
15-1158	Hartford	129 Woood land Park	29	Arth Patel	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/15
15-1319	Hartford	129 Woood land Park	10	Little, Erin	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/24/15
15-1473	Hartford	129 Woood land Park	22	Kapoor, Ankita Akhil	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/1/15
15-1465	Hartford	129 Woood land Park	28	Frantz, David	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/10/15
15-1503	Hartford	129 Woood land Park	47	Bhulabhai, Bhavik Kiran	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/24/15
15-1502	Hartford	129 Woood land Park	35	Winters, Carolyn	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/15
15-1497	Hartford	129 Woood land Park	22	Lall, Alisha	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/7/15
15-1499	Hartford	129 Woood land Park	27	Janwatanagoo l, Gitti	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/7/15
15-1505	Hartford	129 Woood land	50	Boka, Emeka	Saint Francis Hospital	Saint Francis Hospital	8/7/15

		Park			and Medical Center	and Medical Center	
15-1496	Hartford	129 Woood land Park	5	Phyoe, Tiffany	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/15
15-1504	Hartford	129 Woood land Park	49	Amarteifio , Francis Oko	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	7/30/15
15-1500	Hartford	129 Woood land Park	32	Chae, Janiper	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/3/15
N/A	Hartford	19 Wood land St.	Suite 22	Collaborativ e Laboratory Services, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/2/11
15-0019	Hartford	19 Wood land St.	Units 35, 37, 45, 47	Central Connecticut Cardiologists, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	4/1/15
NONE	Hartford	500 Blue Hills Ave.	Sixth and Ninth Floor	Alcohol and Drug Recovery Centers, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/1/15
06-145	Hartford	500 Blue Hills Ave.	Roof Top	Sprint Spectrum Realty Company, L.P.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/29/06
14-0111	Hartford	500 Blue Hills Ave.	Storage Space	Hospital for Special Care	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	2/14/15
14-0363	Hartford	500 Blue		Collaborativ e Laboratory	Saint Francis Hospital	Saint Francis Hospital	6/1/14

		Hills Ave.		Services, LLC	and Medical Center	and Medical Center	
N/A	Hartford	500 Blue Hills Ave.		T-Mobile Northeast, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	8/1/2015
13-708	Hartford	500 Blue Hills Ave.	Rooftop Space	Cellco Partnership d/b/a Verizon Wireless	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/4/13
NONE	Hartford	500 Blue Hills Ave.	fifth floor	Hospital for Special Care	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/30/03
14-0564	Hartford	500 Blue Hills Ave.	3rd Floor	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/14
NONE	Hartford	500 Blue Hills Ave.	Roof Top	New Cingular Wireless PCS, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/07
14-0894	Hartford	659 Tower Rd.	First Floor	National Multiple Sclerosis Society (Connecticut Chapter)	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/15
15-1549	Hartford	675 Tower Rd.	401	Mark Belesky, MD; and Susan Wikowski, MD	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/15
15-0010	Hartford	675 Tower Rd.	301-office and 306-storage	Saint Francis Behavioral Health Group, PC	Saint Francis Hospital and Medical	Saint Francis Hospital and Medical	3/15/15

					Center	Center	
15-1101	Hartford	675 Tower Rd.	404B	Connecticut Occupational Medicine Partners, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	5/1/15
13-435	Hartford	675 Tower Rd.	Portions of First and Second Floor	DVA Rental Healthcare, Inc. a/k/aGambro Healthcare of Connecticut, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/1/14
12-766	Hartford	675 Tower Rd.	402	Ashanti Medical Associates, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	3/1/13
13-924	Hartford	95 Woodland St.	200	Connecticut Surgeons, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/14
13-925	Hartford	95 Woodland St.	Third Floor	Mount Sinai Rehabilitation Hospital Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical center	1/1/14
15-0011	Hartford	95 Woodland St.	Fourth Floor	Saint Francis HealthCare Partners, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	6/1/10
12-430	Hartford	95 Woodland St.	Fourth Floor	Collins Medical Associates 2, P.C.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	9/2/12
12-651	Hartford	99 Woodland St.	First Floor and lower Level	Asylum Hill Family Medicine Center, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	1/1/13
		515 West		Woodland Anesthesiolog	Saint Francis	Saint Francis	

14-0821	Manchester	Middle Turnpike	130	y Associates, P.C.	Hospital and Medical Center	Hospital and Medical Center	11/1/14
14-1054	Windsor	1080 Day Hill Rd.	103	Collins Surgical Associates, PC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	11/1/14
14-1053	Windsor	1080 Day Hill Rd.	103	Saint Francis Medical Group, Inc.	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	10/1/12
14-0643	Windsor	1080 Day Hill Rd.	103	Advanced OB-GYN Doctors, LLC	Saint Francis Hospital and Medical Center	Saint Francis Hospital and Medical Center	12/19/14
14-0499	Hartford	345 Collins St.	second floor	Berkshire Bank	One Thousand Corporation	One Thousand Corporation	6/22/10
15-1131	Hartford	490 Blue Hills Ave.	Third Floor	Hanger Prosthetics & Orthotics, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	4/1/15
13-751	Hartford	490 Blue Hills Ave.	MS Center	Saint Francis Medical Group, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	Mount Sinai Rehabilitation Hospital, Inc.	10/1/13
N/A	Hartford	500 Blue Hills Ave.	Clinical Teaching Space at Burgdorf Fleet Health Center	University of Connecticut Health Center Finance Corporation	Mount Sinai Hospital Foundation, Inc.	Mount Sinai Hospital Foundation, Inc.	7/1/06
NONE	Hartford	131 Coventry Street	Second Floor	Saint Francis Hospital and Medical Center	Mount Sinai Hospital Foundation,	Mount Sinai Hospital Foundation,	4/4/97
15-0021	Hartford	615 Tower	Second Floor/	Burgdorf Pharmacy, Inc.	Saint Francis Hospital	Mount Sinai Hospital Foundation,	6/1/02

15-1501	Hartford	129 Woodland Park	33	Schmid, Nina	Saint Francis Hospital	Saint Francis Hospital	8/15/15
15-1637	Windsor	1080 Day Hill Rd.	103	Saint Francis Medical Group, Inc.	Saint Francis Hospital	Saint Francis Hospital	10/1/15

***Note that the original disclosure provided as of December 17, 2014 with respect to leases of "Saint Francis Owned Real Property" in response to Section 6.12(b), which response referenced "*those leases identified in the 'Summary of Leases' list included in the electronic date room . . . as item 20.26.1..*" appears to have been over inclusive. The responses to 6.12(b) with respect to the Saint Francis Owned Real Property included all leases in which Saint Francis or a Controlled Subsidiary is a party and was not limited to those properties OWNED by Saint Francis or a Controlled Subsidiary. This Updated Disclosure corrects that error and is limited to leases for property owned by Saint Francis or a Controlled Subsidiary.**

SCHEDULE 6.14(a)

LEGAL PROCEEDINGS

The Office of Civil Rights investigated a reportable breach under HIPAA relating to the theft of certain paper records containing patient information from a physician's vehicle. See additional information disclosed in Schedule 6.19. On April 9, 2014, the Office of Civil Rights issued its decision that all matters raised by this complaint have now been resolved through the voluntary compliance actions of Saint Francis and therefore, OCR has closed the case and there were no fines or penalties imposed.

A complaint against Saint Francis Hospital and Medical Center, Saint Francis Hospital and Medical Center Finance Committee, the Saint Francis Hospital and Medical Center Retirement Committee, and John Does 1-20 (the "Committee members") was filed in the United States District Court, District of Connecticut, on July 21, 2015, by a participant in the Saint Francis Hospital and Medical Center Pension Plan ("Plan"), Carol Kemp-DeLisser, on behalf of herself and all others similarly situated. The plaintiffs allege that the Plan does not constitute a church plan exempt from the Employee Retirement Income Security Act ("ERISA"). The complaint seeks to require the defendants to comply with all the requirements of ERISA and to pay damages and penalties as a result of their past failure to do so. Saint Francis has fiduciary liability coverage which provides indemnification and defense to Saint Francis and Committee members with a five-million-dollar limit.

A subcontractor was injured during the construction of the John T. O'Connell Tower when a scaffolding buckled and bricks fell on top of him injuring his legs, shoulder and neck. Claim filed under workers compensation and general liability both having deductibles of $250,000 each.
Medical bills will exceed $250,000 and demand was made for $2,500,000. Case in discovery and depositions being scheduled at present.

An employee incurred a shoulder injury moving a bucket of concrete. Saint Francis won the case and it is now in the appeal process. Cost to date is $150,000.

SCHEDULE 6.14(b)

GOVERNMENTAL ORDERS, JUDGMENTS, PENALTIES, AWARDS

Department of Justice:

On January 19, 2015, Saint Francis Hospital and Medical Center entered into a three year Resolution Agreement with the U.S. Department of Justice and U.S. Attorney's Office for the District of Connecticut ("DOJ") and the U.S. Department of Health and Human Services, Office for Civil Rights ("HHS"). This matter was initiated by a complaint filed with DOJ alleging violations of Title III of the ADA and its implementing regulation. Specifically, the Complainant alleged that SFHMC failed to provide auxiliary aids and services when necessary to ensure effective communication with him during admissions to SFHMC for medical treatment between September 30, 2010 and March 9, 2011. Under the terms of the Agreement, SFHMC has agreed to take a number measures aimed at ensuring compliance with the ADA and Section 504 of the Rehabilitation Act. These include the designation of an ADA/Section 504 Coordinator to be responsible for the coordination of SFHMC's efforts to comply with Title III of the ADA and Section 504, and the review and revision of SFHMC's Grievance Procedure for addressing complaints of discrimination on the basis of disability.

Office of Civil Rights:

The Office of Civil Rights investigated a reportable breach under HIPAA relating to the theft of certain paper records containing patient information from a physician's vehicle on December 27, 2013. See additional information disclosed in Schedule 6.19.

On April 9, 2014, the Office of Civil Rights issued its decision that all matters raised by this complaint have now been resolved through the voluntary compliance actions of Saint Francis and therefore, OCR has closed the case and there were no fines or penalties imposed

SCHEDULE 6.15(a)

COMPLIANCE WITH LAWS/PERMITS

None.

SCHEDULE 6.16

MEDICARE PARTICIPATION/ACCREDITATION/ GOVERNMENT PROGRAM SURVEY REPORTS

Section 6.16(a) Compliance With Laws/Permits

Saint Francis Hospital and Medical Center had its tri-annual Joint Commission survey on October 21-24, 2014. Corrective action plans were submitted and a follow-up visit occurred on December 4, 2014 to validate compliance with certain Conditions of Participation and the Joint Commission concluded Saint Francis Hospital and Medical Center was in compliance.

A follow up visit was conducted by the Joint Commission on June 22-23, 2015. Full compliance with all standards was identified with no further actions required.

The Department of Public Health conducted a CMS validation survey beginning November 24, 2014 and has been completed. The Department of Public Health identified Saint Francis Hospital and Medical Center was in full CMS compliance.

Mount Sinai Rehabilitation Hospital had its tri-annual Joint Commission survey on December 1st and 2nd of 2014. the report has been received, full compliance with CMS standards was identified and the evidence of Joint Commission standards compliance was submitted by the due dates of January 16, 2015 (45 day plan) and January 31, 2015 (60 day plan). Full compliance with Joint Commission standards was identified by the Joint Commission with acceptance of completed plans and data metrics on June 2, 2015

Section 6.16(b) Reimbursement Claims

Saint Francis Hospital has the following appeals filed with the Provider Reimbursement Review Board:

- Group appeal for 2 Midnight rule (rate reduction issue)
- Medicare DSH (SSI)

Saint Francis Hospital has filed the following appeals with the State of Connecticut Department of Social Services relating to Medicaid Reimbursement:

- Inpatient Rate – no inflation since 2008
- Outpatient Rate – Fixed fees no inflation since 2008

Saint Francis Hospital also has appealed various claims for which the Medicare Recovery Audit Contractors had originally determined inappropriate payment was received.

Update as of September 22, 2015:

Saint Francis has filed an appeal relating to a recent Department of Social Services audit for inpatient and outpatient claims, where Medicaid paid for Medicare coinsurance and deductibles for dual-eligible individuals. The audit identified an audit adjustment of $993,559.

Section 6.16(d) Accreditation Survey Report and Deficiency List

See Section 6.16(a) above.

SCHEDULE 6.19

BREACH NOTIFICATIONS

Date of Occurrence	Description	Status
11/10/2014	Theft of camera at Access Center	A breach notification has not yet been made regarding this occurrence, as Saint Francis is still completing its internal investigation. Incident reported in the 2015 Annual Report to OCR.
10/24/2014	Inappropriate Access to PHI	Saint Francis has not received any correspondence from the Office of Civil Rights regarding this occurrence. Incident reported in the 2015 Annual Report to OCR.
9/23/2014	Stolen Laptop	Saint Francis has not received any correspondence from the Office of Civil Rights regarding this occurrence. Incident reported in the 2015 Annual Report to OCR.
12/27/2013	Paper records with certain patient information stolen from physician's vehicle	There have been two requests for information from the Office of Civil Rights regarding this occurrence and Saint Francis has responded to both requests. OCR has closed this matter. Refer to 6.14(a).

SCHEDULE 6.22

EMPLOYEE BENEFIT MATTERS

Schedule 6.22(a) Employee Benefit Plans

- Saint Francis Hospital and Medical Center Executive Severance Benefit Plan
- Asylum Hill Family Medicine Center, Inc. Defined Contribution Retirement Plan
- Asylum Hill Family Medicine Center, Inc. Tax-Deferred Annuity Plan
- Asylum Hill Family Medicine Center Point of Service Open Access Plan –ConnectiCare Asylum Hill Family Medicine Center Unallocated Medical Reimbursement Plan
- Asylum Hill Family Medicine Center Accrued Time Off Policy
- Asylum Hill Family Practice Center Short Term Disability Insurance
- New England Health Care Employees Pension Plan
- New England Health Care Employees Welfare Fund
- Executive Supplemental Disability
- Executive Supplemental Variable Universal Life Insurance
- Saint Francis Hospital & Medical Center Executive Flexible Benefit Plan
- Saint Francis Hospital & Medical Center Disability Salary Continuation Plan
- Saint Francis Hospital & Medical Center Severance Benefit Plan
- Saint Francis Hospital and Medical Center Cafeteria Plan
- Medical
- Dental
- Group Term Life Insurance
- Short Term Disability Insurance
- Long Term Disability Insurance
- Travel Accident Insurance
- Saint Francis Hospital and Medical Center Flexible Benefit Plan - Flexible Spending Accounts (Health Care, Dependent Care) (Limited Purpose 2015 plan has not been provided in the data room as we are still waiting for the plan document)
- Collaborative Laboratory Services LLC Flexible Benefit Plan
- Employee Assistance Program
- Health Savings Account and Health Reimbursement Account – There are currently no plan documents.
- Voluntary Benefits
  - Supplemental Group Term Life Insurance
  - Hyatt Legal Plans
  - Vision Insurance
  - Whole Life Insurance
  - Supplemental Short Term Disability Supplemental Long Term Disability Pet Insurance Discount
  - Home and Auto Insurance Discounts
- Retirement Plans
  - Defined Benefit Plans
    - Saint Francis Hospital and Medical Center Pension Plan

        - Collaborative Laboratory Services Retirement Plan
    - Defined Contribution Plans
        - Saint Francis Hospital and Medical Center Defined Contribution Plan
        - Saint Francis Care Defined Contribution Plan
        - Saint Francis Care 401(k) Plan
        - Saint Francis Hospital and Medical Center 403(b) Savings Plan
            - Saint Francis Medical Group, Inc. and Mount Sinai Rehabilitation Hospital are participating employers in the Saint Francis Hospital and Medical Center 403(b) Savings Plan.
    - Non-Qualified Plans
        - Saint Francis Hospital and Medical Center 457(b) Plan
        - Deferred Compensation Plan for Saint Francis Behavioral Health Group, P.C.
        - Deferred Compensation Plan for St. Francis HealthCare Partners, Inc.
        - Deferred Compensation Plan for St. Francis Care Medical Group, P.C.

- Post-Retirement Health and Welfare
    - Saint Francis Care Retiree Health Plan
        - Post-age 65 – Medicare supplemental policy or health reimbursement arrangement
    - Dental through age 65 if retired before April 1, 1994
    - Convert life insurance to whole life policy

- Policies/Guidelines
    - Donation of ETO – 26-10
    - Termination of Employment Policy (cashout of ETO on termination) – 27-4
    - ETO – 26-9
    - Holidays – 25-11
    - Sick Time – 25-5
    - Bereavement Leave – 25-6
    - Jury Duty – 25-7
    - FMLA – 25-3
    - Leaves of Absence (Non-FMLA) – 25-2
    - Military Leave – 25-4
    - Saint Francis Hospital and Medical Center Group Health Plan HIPAA Policies and Procedures
    - On Call and Call Back Compensation – 23-20
    - Reduction in Force Policy – 27-6
    - Educational Assistance Program Policy – 26-8
    - Group Term Life Insurance Policy – 26-3
    - Dental Insurance Policy – 26-2
    - Short Term Disability Policy – 26-13
    - Long Term Disability Policy – 26-4
    - Supplemental Disability Income Insurance Policy – 26-19
    - Employee Assistance Policy – 26-12
    - Severance Guidelines
    - Relocation Guidelines (via memo from Jessica Gerundo)

- Incentive/Retention Plans
  - Bonus Structure -MS Center Research Manager – Jennifer Ruiz (Incumbent)
  - CVOR RN Retention Bonus Program – FAQ
  - CVOR Clinical Advisors Retention Bonus Program – FAQ
  - Interim Bonus Dollar Amounts for People in Interim Positions
  - Specialty Pay/Bonus Programs – PA's, APRN's Extra Shift Bonus – Block Time
  - Specialty Pay/Bonus Programs – Block Hospitalists – ETO & Sick Leave
  - Specialty Pay/Bonus Programs – Case Managers, Social Workers, Emergency Dept. – Shift Differentials
  - Specialty Pay/Bonus Programs – PA's, APRN's – Extra Shift Bonus
  - Specialty Pay/Bonus Programs – Referral Bonus for Hiring of Cardio Vascular Certified Surgical Techs
  - Specialty Pay/Bonus Programs – Sign On Bonus/ETO Accrual for hired Cardio Vascular Certified Surgical Techs
  - Specialty Pay/Bonus Programs – Extra Hours Premium Short Notice Level Two - RN's, LPN's, CST's, RRT's and RT1's who meet the competency requirements of a department as defined by the Director of Nursing
  - Specialty Pay/Bonus Programs – CVOR RN Retention BonusOn-Call Bonus Pay Program for Interventional Radiology Technologists
  - Inpatient Coders' Stay Bonus Program
  - Saint Francis Hospital and Medical Center Short Term Incentive Plan
  - Operating Room RN Differential
  - CJRI – CST Retention Bonus Program
  - Spine Institute – Retention Bonus Program for RN's and Perioperative Clinical Advisor
  - CJRI Operating Room RN – Premium Differential
  - Spine Institute RN Premium Differential
  - Spine Institute – CST Retention Bonus Program
  - Outpatient Coders' Stay Bonus Program
  - Emergency Department RN – Premium Differential
  - All Critical Care RN Premium Differential
  - Delivery Room RN Premium Differential

Regarding Section 6.22(a)(ii), Asylum Hill Family Medicine Center, Inc. sponsors two 403(b) Plans: the Asylum Hill Family Medicine Center, Inc. Tax-Deferred Annuity Plan ("AHFMC TDA Plan") which contains employee deferrals and the Asylum Hill Family Medicine Center, Inc. Defined Contribution Retirement Plan ("AHFMC Defined Contribution Plan") which contains employer contributions. The plans are funded solely with individually owned annuity contracts through TIAA-CREF and we do not have copies of those annuity contracts.

Regarding Section 6.22(a) (vii), as stated above, the AHFMC TDA Plan and the AHFMC Defined Contribution Plan are 403(b) plans. There is no determination/opinion letter program through the IRS for 403(b) plans.

Schedule 6.22(c) Employee Pension Benefit Plans

The Saint Francis Care Defined Contribution Plan is a money purchase pension plan and the Collaborative Laboratory Services Retirement Plan is a pension plan, both subject to Internal Revenue Code Section 412.

Regarding Section 6.22(c)(iv), Towers Watson, the actuaries since January, 2009, have indicated that there have been no reportable events since 2009 other than one in 2012 for the Collaborative Laboratory Services Retirement Plan. The reportable event in 2012 involved a late payment of the 7/15/12 quarterly contribution to the plan. The notice was filed with the PBGC and it confirmed on 10/8/12 that the notice was received and no further action was required.

Section 6.22(c)(x) requests a representation that there is no "amount of unfunded benefit liabilities" as defined in Section 4001(a)(18) of ERISA as of the last day of such plan's most recent fiscal year. Section 4001(a)(18) defines "unfunded benefit liabilities" as liabilities calculated pursuant to Section 4044 of ERISA, which is on a plan termination basis. Our actuaries, Towers Watson, have not performed such a calculation, however, they inform us that it is likely that unfunded benefit liabilities do exist on this basis for the Collaborative Laboratory Services Retirement Plan

Schedule 6.22(h)

A complaint against Saint Francis Hospital and Medical Center, Saint Francis Hospital and Medical Center Finance Committee, the Saint Francis Hospital and Medical Center Retirement Committee, and John Does 1-20 (the "Committee members") was filed in the United States District Court, District of Connecticut, on July 21, 2015, by a participant in the Saint Francis Hospital and Medical Center Pension Plan ("Plan"), Carol Kemp-DeLisser, on behalf of herself and all others similarly situated. The plaintiffs allege that the Plan does not constitute a church plan exempt from the Employee Retirement Income Security Act ("ERISA"). The complaint seeks to require the defendants to comply with all the requirements of ERISA and to pay damages and penalties as a result of their past failure to do so.

SCHEDULE 6.23

EMPLOYMENT MATTERS

(a)

- Saint Francis Hospital and Medical Center, the Mount Sinai Hospital Campus (the "Medical Center"), and the New England Health Care Employees Union, District 1199, SEIU/AFL- CIO ("District 1199") are parties to a recently ratified collective bargaining agreement in effect through May 26, 2018. Trinity Health provided a letter signed by the system Chief Human Resources Officer recognizing the Union as of the Closing.

- The Medical Center is a contributing employer to the New England Health Care Welfare Fund and the New England Health Care Pension Fund which create contractual and benefit obligations between the Medical Center and the Funds.

- With respect to labor activity of which the Medical Center is aware, in about November, 2013, District 1199 sent organizing letters to some members of the Engineering Department on the main campus of Saint Francis Hospital and Medical Center. This did not result in a union representation petition or any other formal action by the Union.

- In October 2014, unrepresented employees in the Food and Nutrition Department on Saint Francis Hospital and Medical Center's main campus volunteered that there was interest in union organizing apparently due to dissatisfaction with the outsourced food service management company. Labor law compliance training was immediately provided to the Medical Center's leadership and there has been ongoing legal advice and counsel to maintain such compliance. Saint Francis Hospital and Medical Center replaced the outsourced food service management company.. Since such action, the Medical Center is not aware of any continuing union activity among such employees; however, it is monitoring the situation. No union has filed a union representation petition or taken any other formal action to represent such employees.

(b) We are aware of independent contractor and exempt worker classification issues. We are addressing those issues during our review of the proposed rules regarding exemption classification.

SCHEDULE 6.24

TAX RETURNS, TAX PAYMENTS

None.

SCHEDULE 6.25

INSURANCE POLICIES

[SEE ATTACHED]

Saint Francis Care, Inc., et al

Summary of Insurance as of October 1, 2014
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Federal Insurance Company	3576-78-20	10/01/14-15	$531,756

PROPERTY

Locations:	Per Schedule on File	
Coverage:	Comprehensive, All Risk Form including Replacement Cost, Agreed Amount	
Policy Limit:	$1,000,000,000	Blanket Limit - Designated locations. All other locations limit per schedule of reported values. Building, Personal Property, Business Income, Extra Expense, Boiler Machinery.
	100,000,000	Earthquake
	100,000,000	Flood, except 129, 133, 137 & 140 Woodland St., Woodland Pk & Laundry Facility ($5,000,000 Limit/48 Hrs WP)
	5,000,000	Hospital Nuclear Facility Coverage
	5,000,000	Business Income - Loss of Utilities
	1,000,000	Business Income – Loss of Utilities (Overhead Lines)
	2,000,000	Newly Acquired or Constructed Property (180 Days)
	25,000,000	Valuable Papers and Records
	500,000	Fine Arts
	500,000	Transit - Personal Property ($50,000 Deductible)
	25,000,000	Accounts Receivable
	1,000,000	Electronic Data
	500,000	Miscellaneous Unnamed Locations - Buildings
	1,000,000	Miscellaneous Unnamed Locations - Contents
	2,000,000	Emergency Patient Evacuation Expense
Deductibles:	$ 100,000	Including Flood & Earthquake
	24 Hours	Waiting Period Business Interruption, Loss of Utilities

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS :
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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Hartford Casualty Insurance Company	02 UENUF3442	10/01/14-15	$189,854

COMMERCIAL AUTOMOBILE

Limits:	$ 1,000,000	Auto Liability - Per Accident (including Hired and Non-Owned Autos)
	10,000	Medical Payments
	1,000,000	Uninsured Motorists w/conversion
	30,000	Hired Auto Physical Damage/Primary
	170,585	Agreed Amount (1998 AirStream)
	30 Day/900	Maximum - Rental Reimbursement
Deductibles:	2,000	Auto Comprehensive/Full Glass Coverage
	2,000	Auto Collision - Applies to specified vehicles

GARAGE LIABILITY (345 Collins Street)

Liability Limits:	$1,000,000	Each Occurrence
	1,000,000	Personal & Advertising Injury
	1,000,000	General Aggregate
	1,000,000	Products-Completed Operations
	300,000	Damage to Rental Property
	10,000	Medical Expense-any one person
GARAGEKEEPERS	$900,000	Direct Primary (345 Collins Street)
	900,000	Direct Primary (114 Woodland Street)
Deductibles:	250/1,000	Garagekeepers - Comprehensive
	500	Garagekeepers - Collision

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

People'S *United*
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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Trumbull Insurance Company	02WNC72302	10/01/14-15	$454,080

WORKERS' COMPENSATION (Large Deductible Program)

Coverage A: Statutory

Coverage B: $ 500,000 Bodily Injury by Accident (each accident)
500,000 Bodily Injury by Disease (each employee)
500,000 Bodily Injury by Disease (policy limit)

Deductible: $ 1,500,000 Per Loss Event

Atlantic Specialty Insurance Company	MML0419014	10/01/14-15	$152,020

DIRECTORS & OFFICERS LIABILITY "CLAIMS-MADE"

Limit: $ 10,000,000 Each Loss
10,000,000 Each Policy Period

Retentions: $ -0- Each Insured Person
150,000 Insured Entity
350,000 Anti-Trust with 15% coinsurance
150,000 Employment Practices
150,000 Third Party Employment Practices

Illinois National Insurance Company	015939985	10/01/14-15	Limit: $ 15,000,000 Excess of $10,000,000 (Atlantic Specialty)

EXCESS DIRECTORS AND OFFICERS LIABILITY "CLAIMS MADE"

$159,615

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.
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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Liberty Insurance Underwriters , Inc.	100006523707	10/01/14-15	$66,000

EXCESS LIABILITY

Limits of Liability: $ 25,000,000 Each Occurrence
25,000,000 Aggregate

Retention: $ Nil

Excess of: Automobile/Garage Liability
Employers Liability
General Liability/Women's Auxiliary
General Liability/Travelers Championship
General LiabilitylTravelers Special Events
General Liability/Asylum Hill Employee Parking
General Liability/Ashley Street Apartments
Helipad Liability

Executive Risk Indemnity, Inc.	8165-4703	4/13/14-15	$13,000

EMPLOYED LAWYERS PROFESSIONAL LIABILITY "CLAIMS-MADE"

Limit of Liability: $ 2,000,000 Aggregate

Defense Sublimit: $ 500,000

Retentions: $ 2,500 Each Claim - Agreement A (Attorney)
10,000 Each Claim - Agreement B (Corporation)

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CQNDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Hartford Fire Insurance Company	02BDDAF0733	11/29/11-14	$270 (3, years)

FIDELITY BOND

Medical and Dental Staff of St. Francis Hospital

Bond Limit: $5,000

AIG Specialty Insurance Company	PLC3125255	2/23/14-17	$110,981.00
		CT Surplus Lines Tax	4.439.24
			$115,420.24

POLLUTION & REMEDIATION LEGAL LIABILITY "CLAIMS.MADE"

Limits: $ 5,000,000 Each Incident, including Microbial Matter coverage 10,000,000 Policy Aggregate

Deductible: $ 25,000 Each Incident

AIG Specialty Insurance Company	ST5593799	2/23/14-15	$10,229.00
		CT Surplus Lines Tax	.409.16
			$10,638.16

TANK LIABILITY

Limits: $ 1,000,000 Each Incident
2,000,000 Aggregate

Deductible: $ 25,000 Each Incident

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Colony Insurance Co.	AP507792	9/01/14-15	$5,,250.00
		CT Surplus Lines Tax/Fees	310.00
			$5,:560.00

SPECIAL EVENT POLICY "CLAIMS-MADE"

First Aid Services for Golf Championshi p at TPC River Highlands

Limits: $ 1,000,000 General Liability, Professional Liability included

Deductible: $ 5,000 Per Claim

Philadelphia Indemnity Insurance Company	PHPK1192653	6/26/14-15	$230

GENERAL LIABILITY - SPECIAL EVENT POLICY - Fund Raising for the Foundation

Limits: $ 3,000,000 Aggregate
3,000,000 Products/Completed Work
1,000,000 Personal Injury each Person
1,000,000 Advertising Injury each Person
100,000 Premises Damage

Events included in premium are 7/29/14 Miracles Pre-Gala;; 8/07/14 Men's Health Institute Golf Tournment @ Tunxis Plantation; 9/20/14 Miracles Event @ CT Convention Center;
Others to be added per application.

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Lloyd's of London/Beazley	W11097140501	10/1/14-15	$86,000.00
		CT Surplus Lines Tax	3.440.00
			$89,440.00

PRIVACY LIABILITY & NETWORK SECURITY "CLAIMS.MADE"

Limits:	$	5,000,000	Information Security and Privacy Liability
		3,000,000	Regulatory Action Defense/Penalties
		5,000,000	Website Content Liability
		2,500,000	Forensic & Legal Expense and Public Relations Expense
		5,000,000	Cyber Extortion
		250,000	PCI Fines & Penalties
		5,000,000	Security Event Data Restoration
		5,000,000	Security Event Lost Income
		5,000,000	Security Event Extra Expense
Retentions:	$	100,000	Per Claim
		200,000	Claims arising out of unencrypted portable computing devices
		10,000	Public Relations, Privacy Breach Response Services
		5,000	Legal Expense

Includes: Privacy Breach Response Services –
Notification of up to 2 million individuals
TransUnion 3-in-1 Credit Monitoring
Breach must require notification of more than 100 people

THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.
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Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annu I Premium
Maxum Indemnity Company	BDG300435001	01/14/14-15	$5,584.00
		CT Surplus Lines Tax /Fees	323.36
			$5,907.36

GENERAL LIABILITY - EMPLOYEE PARKING (specified locations)

Locations: 20 Huntington Street, Hartford, CT
31 Sumner Street, Hartford, CT

Additional Insured: Asylum Hill Congregational Church

Limits:		
	$2,000,000	General Aggregate
	2,000,000	Products/Completed Operations Aggregate
	1,000,000	Per Occurrence
	1,000,000	Personal/Advertising Injury
	100,000	Damage to Premises Rented to You
	5,000	Medical Expense
Deductible:	$500	Per Claim

Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
United States Liability Insurance Company	CP1591728	10/03/14-15	$5,519

PACKAGE - VACANT PROPERTY

Locations: 234 & 236 Ashley Street, Hartford, CT

Property Coverage: Basic excluding Sprinkler Leakage, Actual Cash Value, 80% Coinsurance, Equipment Breakdown included

Limits:

234 Ashley Street:	$750,000	Building
236 Ashley Street:	$750,000	Building

Deductible: $ 1,000 Building

General Liability Limits:	$2,000,000	General Aggregate
	1,000,000	Per Occurrence
	1,000,000	Personal/Advertising Injury
	100,000	Damage to Premises Rented to You
	5,000	Medical Expense

THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.
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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Global Aerospace	10041770	10/01/14-15	$15,089

HELIPORT LIABILITY & NON-OWNED AIRCRAFT

Limits:	$ 10,000,000	Bodily Injury & Property Damage (each occurrence)
	10,000,000	General Aggregate
	25,000	Fire Damage Limit,
	10,000	Medical Expense (per person)
	10,000,000	Non-Owned (Emergency Services Only)

Federal Insurance Company	82376572	10/01/14-15	$46,934

FIDELITY COVERAGE

Limits:	$ 5,000,000	Employee Dishonesty
	5,000,000	Forgery or Alterations
	5,000,000	On Premises
	5,000,000	In Transit
	5,000,000	Money Orders & Counterfeit Currency
	5,000,000	Computer Fraud
	5,000,000	Funds Transfer Fraud
	100,000	Credit Card Fraud
	100,000	Employee Theft of Client Property
	10,000	Claim Expense
Deductible:	$ 100,000	
	1,000	Employee Theft of Client Property & Credit Card Fraud
	0	Claim Expense & Theft of Client Property

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

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Saint Francis Care, Inc., et al
Summary of Insurance
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium

FIDUCIARY RESPONSIBILITY INSURANCE

Limit: $ 5,000,000

Hartford Casualty Insurance Company	02SBAFT3922	10/01/14-15	$4,252

SPECIAL PACKAGE POLICY .. Women's Auxiliary of Saint Francis Hospital & Medical Center

Property

Coverage: 114 Woodland Street; Hartford, CT
$268,500 Gift Shop Contents

500 Blue Hills Avenue; Hartford, CT
$ 2,400 Contents

Deductible: $ 250

Business Income/Extra Expense: 12 Months - Actual Loss Sustained

Empl. Dishonesty: $250,000

General Liability

Limits:		
	$2,000,000	General Aggregate
	2,000,000	Products/Completed Operations Aggregate
	1,000,000	Per Occurrence
	1,000,000	Personal/Advertising Injury
	300,000	Fire Damage Liability
	10,000	Medical Payments

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

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SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.
Summary of Insurance Coverages in Effect as of October 1, 2014
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
The Travelers Indemnity Company of Connecticut	680-484Y3596	10/1/14-15	$4,426

PACKAGE POLICY

Property Section

Locations:

		Contents
1.	675 Tower Avenue, Hartford, CT	$77,575
2.	27 Sycamore Commons. Suite 400, Glastonbury, CT	$59,673
3.	1515 Hopmeadow Street, Simsbury, CT	$59,673
4.	151 Hazard Avenue, Suite 4, Enfield, CT	$57,935

Coverage: Replacement Cost, Special Form, Equipment Breakdown, Power Pac Enhancement

Fine Arts: $25,000 Limit
Valuable Papers: $25,000 Limit each location
Accounts Receivable: $25,000 Limit each location

Deductible: $500

Business Income: Actual Loss - Up to 12 Consecutive Months

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

People's United Insurance Agency

A subsidiary of

Saint Francis Behavioral Health Group, P.C.
Summary of Insurance Coverages
People's United Insurance Agency

Company		Policy Number	Policy Period	Annual Premium
General Liability Section				
Limits:	$ 2,000,000 General Aggregate 2,000,000 Products/Completed Operations 1,000,000 Personal/Advertising Injury 1,000,000 Each Occurrence 300,000 Damage to Premises Rented to you 5,000 Medical Payments			
Significant Exclusions:	Counseling or Referral Errors or Omissions Services furnished by Health Care Providers			
Included:	Hired and Non-Owned Auto Liability			
The Travelers Indemnity Company of Connecticut		UB-484Y460-0	10/1/14-15	$40,566
WORKERS' COMPENSATION POLICY				
Coverage A:	Statutory			
Coverage B:	$100,000 Each Accident $500,000 Policy Limit Disease $100,000 Each Employee Disease			

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR

CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

People's United Insurance Agency

A subsidiary of

Saint Francis Behavioral Health Group, P.C.
Summary of Insurance Coverages
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
The Travelers Indemnity Company	CUP-484Y3768	10/1/14-15	$435

UMBRELLA POLICY

Limits:	$	1,000,000	Products/Completed Operations Aggregate
		1,000,000	General Aggregate
		10,000	Retained Limit
Significant Exclusions:			Counseling or Referral Errors or Omissions
			Services Furnished by Health Care Providers

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

People United Insurance Agency

A subsidiary of

Saint Francis Behavioral Health Group, P.C.
Summary of Insurance Coverages
People's United Insurance Agency

Company	Policy Number	Policy Period	Annual Premium
Arch Specialty Insurance Company	FLP0029594-06	10/1/14-15	$95,743.00
			Tax 3.829.72
			Total $99,572.72

PROFESSIONAL LIABILITY POLICY "CLAIMS-MADE"

Limits: $ 2,000,000 Per Medical Incident
6,000,000 Aggregate

Deductible: $ 0 Medical Incident

Retroactive Date: October 1, 1999

Steadfast Insurance Company	HPC6558882-05	10/1/14-15	$55,700.00
			Tax 2.228.00
			Total $57,928.00

EXCESS PROFESSIONAL LIABILITY "CLAIMS-MADE"

Limit: $ 5,000,000 Specific Loss Limit
5,000,000 Aggregate

Retroactive Date: December 9, 2009

THIS SUMMARY OF INSURANCE IS AN OVERVIEW OF YOUR INSURANCE PROGRAM AND DOES NOT CHANGE THE FORMS OR CONDITIONS OF THE ACTUAL POLICIES. YOU MUST REFER TO YOUR POLICIES FOR FULL TERMS, CONDITIONS AND EXCLUSIONS.

Church Street Parking Huntington Street and Sumner Street -1/14/2015-1/14/16
Maxum Indemnity Co.
Limits: $1M per occurrence/$2M aggregate

Special Event Policy -Fund Raising for Foundation 6/26/15-6/26/16
Philadelphia Insurance Co.
Limits: $1M occurrence/$3M aggregate

Tank Liability- 2/23/15-2123/16
AIG
$1M occurrence/$2M aggregate

Fidelity Bond -11/29/14-11/26/16
The Hartford Ins. Co.
Medical/Dental Staff
Limits: $5,000, $250 Deductible

Employee Parking - 101 Homestead -2/6/15-2/6/16
Essex Ins. Co. (Markel)
Limits: $IM occurrence/$2,000,000 aggregate

SCHEDULE 8.08(a)

OWNED/INSURED REAL PROPERTY

The following properties, all located in Hartford, CT:

1. Properties situated within the block bounded by Ashley Street, Atwood Street, Collins Street and Woodland Street – 59 Woodland Street, 314 Collins Street and 114 Woodland Street.

2. Properties situated within the block bounded by Atwood Street, Asylum Avenue, Collins Street and Woodland Street – 1000 Asylum Avenue, 299 Collins Street and 94 Woodland Street.

3. Properties situated in the Northerly side of Ashley Street – Parcel One (200, 206, 210, 218 & 222 Ashley Street); Parcel Two (260 Ashley Street); Parcel Three (234-236 Ashley Street).

4. Properties situated on the Westerly side of Woodland Street – Parcel One (95 & 99 Woodland Street); Parcel Two (113, 119, 125 & 129 Woodland Street).

5. Parking area situated at the Southeast corner of Ashley Street and Atwood Street – 179 Ashley Street a/k/a 62-64 Atwood Street and 179-181, 185, 189 and 193 Ashley Street.

6. Mount Sinai Campus, 500 Blue Hills Avenue.

7. Burgdorf Health Center, 131 Coventry Street.

8. Rehabilitation Hospital of Connecticut, 490 Blue Hills Avenue.

9. 675 Tower Avenue.

10. 659 Tower Avenue.

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

R. Christopher Hartley
Senior Vice President
Planning, Business Development &
Government Relations



November 2, 2015

Kim Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Martone:

In accordance with Item 12 of the Order dated August 1, 2015, we have performed a comparison review of the charity care policies to determine which of the policies is more generous and benevolent to our patients. As of November 2, 2015, our policy will be revised to reflect the following items we were able to implement at this time:

- Update our Financial Assistance Policy to include non-covered medically necessary services provided to patients qualifying for other public assistance programs.
- Add members of religious organizations to group of presumptive eligibility members.

We intend to publish this policy on our internal website today and our external website as of November 15, 2015. We anticipate additional changes to this policy as we continue to evaluate Trinity's program and will provide updates as appropriate. It is attached in a hard copy. I have also included in the enclosed CD containing this information.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-5573.

Thank you for your attention to this matter.

Sincerely,

Chris Hartley

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations
Enclosures

SAINT FRANCIS Care Policy	Title: **Financial Assistance Policy**		
☒ Saint Francis Hospital and Medical Center ☒ Mount Sinai Rehabilitation Hospital ☐ Saint Francis Medical Group, Inc. ☐ Saint Francis *Care* Medical Group, P.C. ☐ Asylum Hill Family Medicine Center, Inc. ☐ Saint Francis Behavioral Health Group, P.C.	**Proponent Department** Patient Accounting	**Number** ADM 060	**Level** ☒ **System** ☐ **Division** ☐ **Department**
	Category ☒ **Administrative** ☐ **Clinical** ☐ **HR** ☐ **EOC**	**Published Date** 11/2/2015	**Review Cycle** ☒ 1 year ☐ 3 years

PURPOSE:

It is the policy of Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital (the "Hospital") to ensure a socially just practice for billing patients receiving care at any of its facilities. Financial Relief is a financial assistance program offered by the Hospital for the benefit of our uninsured or underinsured patients who are unable to pay for their care. This policy reflects our commitment to individual human dignity with special concern for poor and vulnerable persons.

SCOPE:

This policy relates to all medically necessary inpatient, outpatient, clinic, and emergency department visits. Excluded from this policy are cosmetic procedures, bariatric services and secured liens on liability cases.

Application for Financial Relief

1. Application may be obtained from the appropriate hospital personnel: Financial Counselors, Collection Representatives, and Telephone Representatives.

2. The completed and signed application must be returned to the Business Office with the following requested documentation, in the return envelope provided:
   a. Family size - as reflected on prior year tax return; and
   b. Income verification – to include one of the following:
      i. Four most current pay stubs;
      ii. A letter from employer or government agency which verifies income and previous year's tax return; or
      iii. Active Medicaid eligibility screen print that indicates current full Medicaid coverage

   If any of the above required documents are not received, the application will be pending for thirty (30) days. A written notification will be sent to the applicant detailing the missing documentation. If the missing documentation is not provided within twenty (20) days, the application will be denied. An approved application will cover all previous covered services and as well as future qualifying services for the next six (6) months.

3. An application for State Medical Assistance (Medicaid) must be completed for those patients with a verified income below 100% of the poverty guidelines. If the patient is ineligible for Medicaid they will be offered hospital financial relief based on the Medicare allowed amounts.

- If a patient is approved for Medicaid with no spenddown, the proof of eligibility determination from the Department of Social Services can be used as verification of their income and be eligible for 100% financial assistance .
- If the balance on an account is the result of a spenddown, the income guidelines will apply to determine eligibility. The Medicare allowed calculation will apply so the balance may not be eligible for financial assistance.

Effective 1/1/2014: Un-insured applicants must complete an application through Access Health during open enrollment for eligibility determination for a qualified health plan, or HUSKY Health..

4. Eligibility is determined on family size and current income.

   a. Income eligibility is based on the federal poverty guidelines. Patients with income levels **under 200%** of the federal poverty guidelines who are ineligible for State Medical Assistance will receive 100% financial relief.

   b. Patients with income levels ranging between **200% to 250%** of the federal poverty guidelines and who are ineligible for State Medical Assistance will be eligible for financial assistance based upon Medicare allowed amount. This may or may not provide a discount on the patient balance that is owed.

   Self Pay Patients with income over 250% of the federal poverty guidelines will not be eligible for financial assistance but may still receive a self pay discount if applicable.

   Examples:

   - If an insurance payment (cash from insurance) is the same or greater than the Medicare allowed amount for the same service, there will be no patient responsibility. The patient balance will be adjusted 100% with the financial assistance code 97000039.

   - If the insurance payment is less than the Medicare allowed amount, the patient is responsible to pay up to the Medicare allowed amount. Any amount over the Medicare allowed amount will be adjusted with the financial assistance code 97000039 or 5017.

   - Patients with health insurance who have medically necessary inpatient and outpatient services will be eligible to apply for financial assistance in the following instances:

     - Reached their maximum benefits

     - Entire procedure is non covered due to limitations of their policy or diagnosis

     Patients within the 200-250% of the federal poverty guidelines will be required to pay the Medicare allowed amount.

     Patients over 250% of the federal poverty guidelines will be granted the self pay discount.

5. The Self Pay Manager and appropriate personnel must determine eligibility within thirty (30) days of receipt of a completed application.

6. Assessment for other free bed funding is completed as part of the financial assessment.

PRESUMPTIVE SUPPORT:

The Hospital recognizes that not all patients are able to provide complete financial information. Therefore, approval for Financial Support may be determined based on limited available information. When such approval is granted, it is classified as "Presumptive Support." No application is required for this group.

Examples of presumptive cases include:

- Deceased patients with no known estate;
- Homeless patients;
- Patient bankruptcies;
- Members of religious organizations who have taken a vow of poverty and have no resources individually or through religious order and
- Patients who are qualified for other State Assistance Programs that are income based.

ADJUSTMENTS GREATER THAN $5,000.00 ARE SUBJECT TO APPROVALS AS FOLLOWS:

<$4,999 - Customer Service Rep/Financial Counselors/Team Leads
$5,000-$24,999 - Supervisor
$25,000-$49,999 - Manager
$50,000-$99,999 - Director of Patient Financial Services
>$100,000 - VP, Revenue Cycle
After obtaining approval, staff will apply adjustment.

To be Noted

- For all financial relief cases where the patient or spouse is self employed, the gross income will be used after the business expenses are deducted. This information is obtained from the "Profit and Loss Statement" or income reported on the 1040 or 1040A.
- Patients seeking financial relief who are under sponsorship of relatives are determined eligible if the sponsor provides the appropriate income/household documentation. Eligibility is determined on income.
- Cosmetic and Bariatric Procedures are excluded from financial assistance
- Liability Cases that have secured liens are excluded from financial assistance
- Undocumented patients who are eligible for Medicaid Emergency Medical coverage (for their inpatient emergency account) are automatically eligible for financial assistance when proof of eligibility is determined from the Department of Social Services.
- Applications are approved for six (6) months.
- Patients with non-contracted insurance carriers or medically necessary non-covered services may be eligible for a discount up to 45%on a case by case review (no application required).

CROSS REFERENCES:

Self Pay Billing and AR Management Policy
Emergency Medical Screening and Stabilization/ EMTALA

APPROVED BY: Policy requires Vice President approval.

Nicole Schulz	Date:
Vice President	11/2/2015

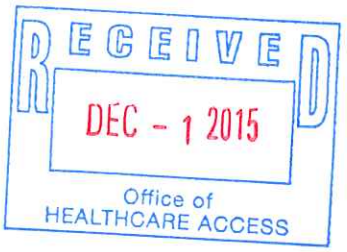
REPLACES:

Financial Assistance Policy 1/30/2015

1

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

R. Christopher Hartley
Senior Vice President
Planning, Business Development &
Government Relations



December 1, 2015

Kim Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Martone:

In accordance with Items 6 and 7 of the Order dated August 31, 2015, we have enclosed a list of inpatient bed allocation and hours of operation of all outpatient services at Saint Francis Hospital and Medical Center and the Mount Sinai Rehabilitation Hospital. These services may also be accessed through the Saint Francis Hospital and Medical Center website page at www.saintfranciscare.com.

With regard to Trinity Health-New England's plans for inpatient and outpatient services of Saint Francis Hospital and Medical Center and the Mount Sinai Rehabilitation Hospital for the first three years following transfer of ownership to Trinity Health we will describe current plans for consolidation, reduction, elimination or expansion of existing services or the introduction of new services.

"As stated in our application, Saint Francis *Care*'s FY 2010-2014 Strategic Plan was guided by its new vision of delivering Best*Care* for a Lifetime – the perfect patient experience and the highest measurable quality across the continuum of care . . . To achieve its vision of Best*Care* for a Lifetime, Saint Francis *Care* has developed a virtually integrated care delivery network that provides care through a combination of aligned providers, which has been developed through both alliances and select acquisitions. To further its transformation to an integrated delivery system, Saint Francis *Care* has redesigned its organizational structure into a strategic portfolio composed of service lines and support platforms, all of which serve as conduits for the delivery of care across the system . . . The focus of this structure and these aligned providers is to meet the Affordable Care Act Triple Aim objectives of improving population health, enhancing the patient care experience and controlling costs while maintaining a positive financial margin. This transformation will facilitate the transition by Saint Francis *Care* from a provider of clinical services to a manager of the health of populations." (Pages 13-14)

As a result of joining Trinity Health, Trinity Health-New England has become the hub of a new regional health system. This new system has just been approved by OHCA to acquire Johnson Memorial Medical Center as of November 25, 2015. Saint Mary's Hospital and Health System also filed a Certificate of Need application to join this new health system.

Currently, Trinity Health-New England does not plan to consolidate, reduce, eliminate, expand or add any services to Saint Francis Hospital and Medical Center or the Mount Sinai Rehabilitation Hospital for the next three years. However, the mix of services, breadth of services and location at both of these institutions could change as a result of the following actions:

- Completion of the Community Needs Assessment for 2016 currently being performed by Data Haven. This community well-being survey is the largest ever survey on the neighborhood level of quality of life, health and happiness. As a sponsor of this survey the results of the survey should be available to Trinity Health-New England in March 2016 and may result in changes to the services offered at both institutions.

- Completion of a new Trinity Health-New England Strategic Plan. This new strategic plan will begin development in January 2016 with a completion target of December 2016. The results of this strategic planning effort could impact services provided at both institutions.

- In September 2015 Governor Malloy proposed a $192 million reduction in Medicaid payments to hospitals. This Medicaid budget reduction when combined with the Hospital Tax increase included in the FY2016-17 state budget has placed an unprecedented cost burden on all Connecticut hospitals. Hospitals have asked the Connecticut General Assembly to meet in Special Session to reverse this unplanned reduction in Medicaid spending. It is still too early to tell, what if any, relief in Medicaid reductions will be provided to hospitals as a result of this Special Session. The amount of Medicaid dollars restored to the hospitals as part of the Special Session will have an impact on Trinity Health-New England's ability to avoid consolidation, elimination and reduction of services at both Saint Francis Hospital and Medical Center and the Mount Sinai Rehabilitation Hospital. Trinity Health-New England will make every effort to preserve all current services offered by both organizations but final decisions on service changes must await the results of the Special Session.

I have also enclosed a CD containing the information referenced above.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-5573.

Thank you for your attention to this matter.

Sincerely,



R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations
Enclosures

Inpatient Beds

Allocation of Inpatient Beds at Saint Francis Hospital and Medical Center

Saint Francis Hospital and Medical Center:	
Licensed – General hospital beds	617
Bassinets	65
Current staffed bed allocation:	
General Medical/Surgical beds	428
OB	30
Medical/Surgical Intensive Care	22
Cardiac Intensive Care	20
Psychiatric Care for adults, adolescents and children	84
Neonatal Intensive Care Bassinets	28
Normal Newborn Bassinets	37

Allocation of Inpatient Beds at Mount Sinai Rehabilitation Hospital:

Licensed beds, Chronic Disease Hospital Beds	60
Current Staff Physical Rehabilitation Beds	30

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0054

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Saint Francis Hospital and Medical Center of Hartford, CT d/b/a Saint Francis Hospital and Medical Center is hereby licensed to maintain and operate a General Hospital.

Saint Francis Hospital and Medical Center is located at 114 Woodland Street and 500 Blue Hills Avenue, Hartford, CT 06105.

The maximum number of beds shall not exceed at any time:

65 Bassinets
617 General Hospital Beds

This license expires **December 31, 2015** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, January 1, 2014. RENEWAL.

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 17CD

Chronic Disease Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

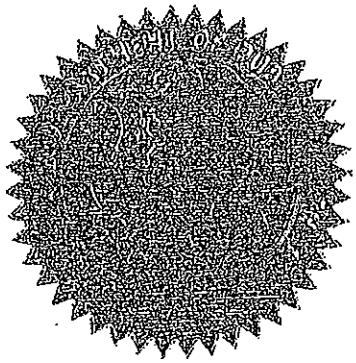
Mount Sinai Rehabilitation Hospital, Inc. of Hartford, CT d/b/a Mount Sinai Rehabilitation Hospital, Inc. is hereby licensed to maintain and operate a Chronic Disease Hospital.

Mount Sinai Rehabilitation Hospital, Inc. is located at 490 Blue Hills Avenue, Hartford, CT 06112.

The maximum number of beds shall not exceed at any time:

60 Licensed Beds

This license expires **March 31, 2017** and may be revoked for cause at any time.
Dated at Hartford, Connecticut, April 1, 2015. RENEWAL.



Jewel Mullen, MD, MPH, MPA
Commissioner

Saint Francis Hospital and Medical Center

Access Centers/Medical Offices

Affiliate Health Care Providers

Affiliated Post-Acute Care Network

Affordable Health Insurance

Anticoagulation

Bariatric Services

Behavioral Health

Breast Health

Burgdorf/Bank of America Health Center

Cancer Care

Cardiovascular

Case Management

Center for Diabetes and Metabolic *Care*

Center for Health Equity

Childrens Advocacy

CJRI

Colorectal Surgery

Community Outreach

Comprehensive Women's Health Center

The Curtis D. Robinson Center for Health Equity

Cyberknife

da Vinci Robotic Surgery

Dental Care

Dermatology

Diabetes Care

Dialysis

Executive Care

Ear, Nose & Throat

Emergency Medicine

Endocrinology

FastCare

Fitness Center

Food Bank

Fragility Fracture Program

Gastroenterology

Geriatric Care

Health Insurance Information

Hoffman Breast Health Center

Hoffman Heart and
Vascular Institute

Hospice Care

Hospital Medicine

Hyperbaric Medicine

Infectious Disease

Integrative Medicine

Joint Replacement (CJRI)

Laboratory Services (CLS)

Lifeline Medical Alarm

Maternity (New Beginnings Family Birth Care)

Medicine

The Men's Health Institute

Minimally Invasive Surgery

Musculoskeletal Oncology

My*Care*

Neonatal Intensive Care

Nephrology (Kidneys)

Neurology

Neurosurgery

Nursing

Nurturing Families Network

Obstetrics & Gynecology

Occupational Health

Ophthalmology

Oral and Maxillofacial Surgery

Orthopedic Hospitalists (Delphi Partners) (pdf)

Orthopedics
& Orthopedic Surgery

Pain Management

Palliative Care

Pancreatic Cyst Center

Parent Aide Program

Pastoral Care

Pelvic Floor Disorders

Plastic Surgery

Podiatry

Post-Acute Care Network

Primary Care

Pulmonary Medicine

Pulmonary Rehabilitation

Radiology - X-Ray, MRI,
CT, Ultrasound

Rheumatology

Saint Francis FastCare

Saint Francis Medical Group (SFMG)

Sleep Center

Spine Institute of CT

Sports Medicine Institute

Stroke Center

Supplier Diversity Program

Surgery

Toxicology

Trauma and Critical Care

Urogynecology

Urology

Vascular and Endovascular Surgery

Violence and Injury Prevention

Weight-loss Programs

Women and Infants

Women's Health

Women's Heart Program

Wound Healing

Mount Sinai Rehabilitation Hospital

Mount Sinai Rehabilitation Hospital

Mandell MS Center

Unless otherwise noted at a specific link all outpatient services are available from 9:00 a.m. to 5:00 p.m., Monday-Friday.

Greer, Leslie

From: Martone, Kim
Sent: Tuesday, March 01, 2016 11:55 AM
To: Roberts, Karen; Huber, Jack
Cc: Greer, Leslie
Subject: FW: 15-31979 filing
Attachments: DN 15-31979-CON Order filing 3 1 16.pdf

From: Hartley, Christopher [mailto:CHartley@stfranciscare.org]
Sent: Tuesday, March 01, 2016 11:04 AM
To: Martone, Kim
Cc: Roberts, Karen; Rotavera, Liz
Subject: DN: 15-31979 filing

Ms. Martone

Please find attached our response regarding Item 9 of the above referenced CON order. I will also send you this document by regular mail. Please contact me at 860-714-5573 should you have any questions.
Chris Hartley

NOTICE: This email and/or attachments may contain confidential or proprietary information which may be legally privileged. It is intended only for the named recipient(s). If an addressing or transmission error has misdirected this email, please notify the author by replying to this message. If you are not the named recipient, you are not authorized to use, disclose, distribute, make copies or print this email, and should immediately delete it from your computer system. Saint Francis Care has scanned this email and its attachments for malicious content. However, the recipient should check this email and any attachments for the presence of viruses. Saint Francis Care accepts no liability for any damage caused by any virus transmitted by this email.

SAINT FRANCIS
Hospital and Medical Center

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

March 1, 2016

Kim Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Martone:

In accordance with Item 9 of the Order dated August 31, 2015, we have enclosed for your review the Capital Investment Plan.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714- 5573.

Thank you for your attention to this matter.

Sincerely,

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Response to Item 9 of the Settlement and Order dated 8/1/2015

9	Within one hundred and fifty (150) days following the Closing Date and thereafter on an annual basis, SFCRHM shall submit to OHCA its Capital Investment Plan detailing the proposed allocation of the $275 million capital investment commitment over the five year period post-closing. The submitted plans shall account for the full $275M commitment as stated in this proposal and include the following in a format to be agreed upon:	3/1/2016 3/1/2017 3/1/2018
9	a. A list of planned capital expenditures with detailed descriptions and associated estimated costs; and	
9	b. A timeframe for the roll out of the capital projects (including estimated beginning, ending and startup/operation dates); and	

Since the approval of the Certificate of Need, Saint Francis' FY 2016 (10/1/2015- 9/30/2016) capital budget was approved by Saint Francis' Finance Committee. A summary of the capital budget, including a description of any projections over $500,000 is included on Attachment A. This analysis also includes capital expenditures incurred for the period 10/1/2015 through 1/31/2016 as well as the estimated completion date for projects in process or that have not started as of January 31, 2016.

Saint Francis is currently working with Trinity Health to develop its FY 2017 capital budget which will be approved by the local board by June 2016. This plan will be based on both Saint Francis and Trinity Health's strategic plan. Saint Francis will provide to OHCA this approved capital expenditure plan by June 30, 2016. As capital expenditures are identified and approved for fiscal years 2018-2021, detailed reports will be provided.

ATTACHMENT A
Saint Francis Hospital and Medical Center
Status of FY 2016 Capital Expenditure Plan
Summary of Plan and Expenditures: 10/1/2015-1/31/2016

Entity	Service Line	Project Description	Budget	Actual Through January 31 , 2016	Estimated Time Of Completion
Saint Francis Hospital and Medical Center	Facilities	Trinity Signage Branding	$ 627,000	$ -	summer 2016
Saint Francis Hospital and Medical Center	Women and Infants	Women and Infants Build Out Addition to Women's Center	1,000,000	-	04/11/2016
Saint Francis Hospital and Medical Center	Facilities	Collins Parking Garage Repairs	750,000	472,998	complete
Saint Francis Hospital and Medical Center	Business Development	Various Construction Projects*	1,000,000	-	TBD
Saint Francis Hospital and Medical Center	Cardiovascular	Cath Lab Renovation and Replacement FY16	1,500,000	-	6/30/2016
Saint Francis Hospital and Medical Center	Facilities	Renovation General - Office Renovations	2,000,000	-	On hold
Saint Francis Hospital and Medical Center	Facilities	Renovation General - Burgdorf Renovation	800,000	-	6/30-9/30
Saint Francis Hospital and Medical Center	Facilities: Engineering	Medical Office Building Renovations	500,000	2,377	6/30/2016
Saint Francis Hospital and Medical Center	Information Technology	Infrastructure Movement and Replacement of Data Center	6,000,000	6,305	9/30/2016
Saint Francis Hospital and Medical Center	Administration	Contingency FY16 Major Items	1,220,229	-	6/30/2016
Mount Sinai Hospital	Physical Medicine and Rehabilitation	Vision Center Renovation - Replace Back Center	975,550	50,000	TBD
Mount Sinai Hospital	Physical Medicine and Rehabilitation	Replace 800K Absorber	520,000	-	05/30/2016
Saint Francis Medical Group	SFMG	Renovation for Rheumatology Bariatrics and Endocrine	1,500,000	-	TBD
Saint Francis Hospital and Medical Center	CJRI	CJRI TWO O.R.s	1,583,500	753,155	Complete
Saint Francis Hospital and Medical Center	Information Technology	Epic Ambulatory Implementation	5,164,190	-	
		Total of projects budgeted over $500,000 FY2016	**$ 25,140,469**	**$ 1,284,835**	
Saint Francis Hospital and Medical Center	Strategic Investments	Acquisition of Johnson Memorial**	$ 20,015,000	$ 20,015,000	
		Total of projects budgeted under $500,000 FY 2016	$ 12,778,531	$ 8,043,582	
		Total Capital Budget for FY 2016 and Expenditures to Date	**$ 57,934,000**	**$ 29,343,417**	

* Construction budget reduced to $250,000 to reallocate capital to other project

** $18 million funded through an intercompany loan from Trinity Health Corporate

SAINT FRANCIS
Hospital and Medical Center

RECEIVED
MAR - 7 2016
Office of
HEALTHCARE ACCESS

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

March 1, 2016

Kim Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Martone:

In accordance with Item 9 of the Order dated August 31, 2015, we have enclosed for your review the Capital Investment Plan.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714- 5573.

Thank you for your attention to this matter.

Sincerely,

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Response to Item 9 of the Settlement and Order dated 8/1/2015

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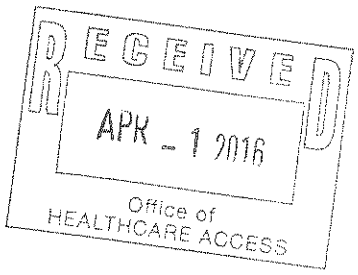
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Mount Sinai Hospital	Physical Medicine and Rehabilitation	Replace 800K Absorber	520,000	-	05/30/2016
Saint Francis Medical Group	SFMG	Renovation for Rheumatology Bariatrics and Endocrine	1,500,000	-	TBD
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860-714-5573
Fax: 860-714-8093

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations



March 30, 2016

Kim Martone
Director of Operations
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Martone:

In accordance with Item 8 of the Order dated August 1, 2015, please see the below response:

When originally approved to join Trinity Health, Trinity Health – New England, Inc. formerly known as Saint Francis *Care*, Inc. projected the date for completion of the 2016 Community Health Needs Assessment (CHNA) to be March 2016. The CHNA would have been followed by its Strategic Implementation Plan (SIP) 120 days later. Though the Data Haven statewide telephone survey and the Curtis D. Robinson Center for Health Equity (CDRCHE) survey were completed by 2/1/15 this information must be integrated to allow completion of next steps of the process which are the Key Informant Interviews and Community Conversation. Completion of these important steps will delay finalization of the CHNA until 6/30/16. The Strategic Implementation Plan (SIP) will then be developed by 11/15/16.

A more detailed outline of the remaining steps in this important community input process are included in the attachment to this letter. Once the CHNA and the SIP are finished they will be filed with the Office of Health Care Access.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-5573.

Thank you for your attention to this matter.

Sincerely,

Chris Hartley

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations
Enclosures

COMMUNITY HEALTH NEEDS ASSESSMENT and Implementation Plan
Saint Francis Hospital and Medical Center
Johnson Memorial Medical Center

Dates	Activity	Partners/Leader
10/1/15 – 2/15/15	Data Collection and Analysis of Community Well Being Survey and Curtis D. Robinson Center for Health Equity (CDRCHE) Participant Survey	Data Haven University of Connecticut
2/15/16 – 3/15/16	Community Health Needs Assessment Team Review Survey results and Develop – Key Informant Plan	Connecticut Children's Medical Center Hartford Foundation for Public Giving Hartford Health and Human Services Johnson Memorial Medical Center Curtis D. Robinson Center for Health Equity at Saint Francis
3/11/16	Engage Consultant	Kristen Tierney Bruce Bernstein, PhD
3/7/16 – 5/4/16	Key Informant Interviews Community Conversation Meeting	Deborah Pacik Rebecca Crowell, PhD Mary Stuart, MPH Lawrence Young, MPH
6/22/16	Board Meeting Approval	Marcus McKinney
6/30/16	Publication and Website Link	Community Health Needs Assessment Team
Dates	Activity	Partners/Leader
7/15/16	File Community Health Needs Assessment with the Office of Health Care Access	Chris Hartley
7/1/16 – 11/1/16	Strategic Implementation Planning Meetings	Mary Stuart
11/15/16	Strategic Implementation	Mary Stuart

	Plan Adopted	
11/30/16	File Strategic Implementation Plan with Office of Health Care Access	Chris Hartley

DataHaven Community Wellbeing Survey (Website posting 2-1-16)
The DataHaven Community Wellbeing Survey traces its roots to a series of locally-based efforts conducted over the past decade to gather information on and promote regional well-being and quality of life. To create the survey, Data Haven and its community and scientific partners have closely studied and drawn questions from national and international surveys to allow comparisons to benchmark data such as Healthy People 2020. The Community Wellbeing Survey is now nationally-recognized and provides critical local-level information not available from any other source to hundreds of communities across Connecticut and parts of New York State - in many cases, at a neighborhood level.

In 2015, Data Haven expanded the Community Wellbeing Survey to encompass the entire State of Connecticut and sections of New York State, while retaining its mission to produce high-quality neighborhood-level and regional estimates for major metropolitan areas throughout the state. The survey is designed with and supported by over 100 government, academic, health care, and community partner organizations, and completed in-depth interviews of nearly 17,000 randomly-selected residents in every town in Connecticut. Saint Francis engaged Data Haven to over-sample the catchment areas for Saint Francis Hospital and Medical Center and for Johnson Memorial Hospital to create a dataset that can be analyzed in more detail.

CDRCHE - Participant Survey – Ongoing Data Collection
The Curtis D. Robinson Center for Health Equity (CDRCHE) periodically surveys program participants to assess the needs so that the services provided continue to address community concerns. This relational approach serves to provide on-going input from community members and to build trust in the work being done in the community. Information from the Participant Surveys completed from 6/14 through 12/15.

Key Informant Interviews and Community Conversation
The process for development of a key informant interview will involve input from a steering committee (see table below). The interviews will be completed in March and the data coded and presented to the Community Health Needs Assessment Team. Once this process has taken place a Community Conversation to identify priority needs in the community will be scheduled.

COMMUNITY HEALTH NEEDS ASSESSMENT Publication
A local consultant with experience in developing documents similar to the Community Health Needs Assessment will be hired to do the writing and layout of the materials. The document will be organized so that it is useful for grant writing and program support; identifying opportunities for collaboration; and highlighting the potential areas of improvement within the hospital catchment area.

Strategic Implementation Plan

The Strategic Implementation Plan will be organized so that progress can be monitored and priority issues addressed with partner organizations identified to support this work. It will be completed and published by 11/15/16.

COMMUNITY HEALTH NEEDS ASSESSMENT Team Members:

Name	Organization
Mary Stuart	Saint Francis Hospital and Medical Center
Marcus McKinney	Trinity Health – New England
Rebecca Crowell	Saint Francis Hospital and Medical Center – Research Department
Lawrence Young	Saint Francis Hospital and Medical Center – Center for Health Equity
Deborah Pacik	University of Connecticut – MPH Student
Tung Nguyen	City of Hartford Health and Human Services Department
Steve Balcanoff	Connecticut Children's Medical Center
Gregory Palmer	Johnson Memorial Medical Center
Scott Gual	Hartford Foundation for Pubic Giving
Yvette Bello	Hartford Foundation for Public Giving

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor

Nancy Wyman
Lt. Governor

Office of Health Care Access

April 18, 2016

FACSIMILE TRANSMISSION ONLY

Mr. R. Christopher Hartley
Senior Vice President – Planning,
Business Development & Government Relations
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105-1299

Re: Compliance with Agreed-Upon Stipulations set forth in the Certificate of Need ("CON") Authorization under Docket Number: 15-31979-CON for the Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation
Notification of Compliance Reporting Deficiencies Relating to Stipulations 6, 7 and 9

Dear Mr. Hartley:

On August 31, 2015, Saint Francis Care, Inc., and Trinity Health Corporation, collectively hereinafter referred to as the "Applicants", entered into an Agreed Settlement with the Department of Public Health, Office of Health Care Access ("OHCA") under Docket Number: 15-31979-CON, to transfer the ownership of Saint Francis Care, Inc. to Trinity Health Corporation.

On December 1, 2015, OHCA received on behalf of the Applicants, Saint Francis Hospital and Medical Center's ("Hospital's") submission in accordance with Stipulations 6 and 7 of the Order authorizing the CON. Additionally, on March 1, 2016, OHCA received the Hospital's submission in accordance with Stipulation 9 of the agreed upon stipulations. A copy of the relevant stipulations is enclosed as Attachment 1 of this letter for reference proposes.

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

Phone: (860) 509-8000 • Fax: (860) 509-7184
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

OHCA has reviewed your compliance reporting in support of Stipulations 6, 7 and 9 and finds that the compliance reporting information provided for each stipulation is insufficient.

OHCA requires the following service information with regard to Stipulation 6:

1. Verify the inpatient bed allocation is reflective of the October 1, 2015, effective date of the ownership change.
2. As agreed to in the Agreed Settlement, provide a document, which can be readily entered into the record of the docket, which identifies each outpatient service by location and hours of operation that is reflective of the October 1, 2015, effective date of the ownership change. This listing must then be posted on the Hospital's website in accordance with Stipulation 6. Be informed that a listing of the links to the Hospital's website is not in compliance with the wording and intent of Stipulation 6.
3. With respect to your response to items 1 and 2 above, identify and explain all service changes undertaken by Saint Francis Hospital and Medical Center since October 1, 2015.

OHCA requires the following service plan information with regard to Stipulation 7:

1. As agreed to in the Agreed Settlement, provide a three-year plan demonstrating how inpatient and outpatient health care services will be provided by the Hospital, including any consolidation, reductions, elimination or expansion of existing services or introduction of new services.

OHCA requires the following capital investment planning information with regard to Stipulation 9:

1. Provide a five-year post-closing capital investment plan detailing the proposed allocation of the $275 million capital investment commitment. The submitted plan shall account for the full $275 million commitment as stated in the proposal and include the following information:
    a. A list of planned capital expenditures with detailed descriptions and associated estimated costs; and
    b. A timeframe for the rollout of the capital projects, including estimated beginning, ending and start-up/operation dates.

Kindly respond to this letter by the close of business on Friday May 2, 2016. If you have any questions regarding the above, please feel to contact me at (860) 418-7069.

Sincerely,

Jack A. Huber

Jack A. Huber
OHCA Health Care Analyst

Cc: Karen Roberts, DPH, OHCA, Principal Health Care Supervisor

ATTACHMENT 1

- **Stipulation 6 of the agreed settlement reads as follows:**

  "Unless on a temporary basis and not before the completion of the March 2016 CHNA for the entire service area, there shall be no reduction or relocation of any inpatient or outpatient services that reduces access to care specific to those services that existed at the Hospital on the date of OHCA's Final Decision in this matter. A reduction in service shall constitute any reduction in allocated beds, hours of operation or any other act or omission by SFCRHM ("Saint Francis Care Regional Health Ministry"). Within ten (10) days following the date of OHCA's Final Decision in this matter, Applicants shall submit schedules to OHCA setting forth the Hospital's inpatient bed allocation and hours of operation for all outpatient services and publish this same information on the SFCRHM Website Page. *FF30*"

- **Stipulation 7 of the agreed settlement reads as follows:**

  "Within sixty (60) days following the Closing Date, SFCRHM shall submit to OHCA a plan demonstrating how inpatient and outpatient health care services will be provided by the Hospital for the first three (3) years following the transfer of ownership, including any consolidation, reduction, elimination or expansion of existing services or introduction of new services."

- **Stipulation 9 of the agreed settlement reads as follows:**

  "Within one hundred and fifty (150) days following the Closing Date and thereafter on an annual basis, SFCRHM shall submit to OHCA its Capital Investment Plan detailing the proposed allocation of the $275 million capital investment commitment over the five-year period post-closing. The submitted plans shall account for the full $275M commitment as stated in this proposal and include the following in a format to be agreed upon:

  a. A list of planned capital expenditures with detailed descriptions and associated estimated costs; and
  b. A timeframe for the roll out of the capital projects (including estimated beginning, ending and startup/operation dates); and
  c. SFCRHM shall submit written reports updating the implementation of the Capital Investment Plan in each Annual Report submitted under this Order. Such reports shall describe all activities and expenditures undertaken as part of the Capital Investment Plan, including but not limited to, a description of the capital project, the dates and amounts of withdrawals from the Hospital's operating account and/or any other sources of funding used to fulfill the capital commitment. The reports shall be signed by SFCRHM's Chief Financial Officer."

* * * COMMUNICATION RESULT REPORT (APR. 18. 2016 10:13AM) * * *

FAX HEADER:

TRANSMITTED/STORED : APR. 18. 2016 10:11AM FILE MODE	OPTION	ADDRESS	RESULT	PAGE
571 MEMORY TX		98607148093	OK	4/4

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF HEALTH CARE ACCESS

FAX SHEET

TO: R. CHRISTOPHER HARTLEY

FAX: (860) 714-8093

AGENCY: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

FROM: JACK HUBER

DATE: 4/18/2016 **Time:** ~ 10:20 AM

NUMBER OF PAGES: 4
(including transmittal sheet)

Comments: Transmitted: CON Compliance Letter
Docket Number: 15-32002-CON
Transfer of Ownership of JMMC to St. Francis Care

PLEASE PHONE Jack A. Huber at (860) 418-7069
IF THERE ARE ANY TRANSMISSION PROBLEMS.

Phone: (860) 418-7001 ***Fax: (860) 418-7053***

410 Capitol Ave., MS#13HCA
P.O.Box 340308
Hartford, CT 06134

Greer, Leslie

Subject: FW: Extension of time Request for Compliance letters

From: Rotavera, Liz [mailto:LRotaver@stfranciscare.org]
Sent: Wednesday, April 20, 2016 12:54 PM
To: Roberts, Karen
Cc: Hartley, Christopher; Cable, Kimberly; Rotavera, Liz
Subject: Extension of time Request for Compliance letters

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Dear Karen,

Saint Francis Trinity Health – New England, Inc. would like to formally request and extension in the due date for the Compliance letters we received on DN:15-31979-CON and 15-32002- CON from May 2, 2016 to May 20, 2016.

This extension will allow us to better manage work load and availability of key staff in our organization.

We are sorry we missed speaking with you directly about our questions regarding these two letters.

Please give us the times you are available tomorrow afternoon and Chris Hartley will place a follow up call to you.

He can be reached at 860-714-5573.

Thank you for your help.

Chris Hartley
Senior Vice President Planning, Business Development and Government Relations

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Huber, Jack

From: Rotavera, Liz <LRotaver@stfranciscare.org>
Sent: Wednesday, April 20, 2016 1:18 PM
To: Roberts, Karen
Cc: Hartley, Christopher; Cable, Kimberly; Huber, Jack; Greer, Leslie; Martone, Kim
Subject: RE: Extension of time Request for Compliance letters

Hi Karen,

Chris will set a time to call you tomorrow based on your availability. Thank you all for your consideration and help in this matter.

Thanks
Liz

RECEIVED
APR 20 2016
Office of
HEALTHCARE ACCESS

From: Roberts, Karen [mailto:Karen.Roberts@ct.gov]
Sent: Wednesday, April 20, 2016 1:04 PM
To: Rotavera, Liz
Cc: Hartley, Christopher; Cable, Kimberly; Huber, Jack; Greer, Leslie; Martone, Kim
Subject: RE: Extension of time Request for Compliance letters

Hi Liz – with this email, OHCA is allowing the extension of the date by which the Hospital is required to respond to the matters outlined in the two Compliance Letters sent by OHCA staff on April 18th for DNs 15-31979-CON and 15-32002-CON. The response date is now ***May 20, 2016***. This email will be placed in the record for these two docket numbers.

I will email you separately to set up a conference call related to the two compliance letters if the Hospital determines that the follow up call is needed for further clarification on Compliance matters.

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

DPH
Connecticut Department of Public Health

RECEIVED
APR 20 2016
Office of
HEALTHCARE ACCESS

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Subject: Extension of time Request for Compliance letters

Karen Roberts
Principal Health Care Analyst
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Connecticut Department of Public Health
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

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Senior Vice President Planning, Business Development and Government Relations
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Greer, Leslie

From: Roberts, Karen
Sent: Wednesday, April 20, 2016 1:04 PM
To: Rotavera, Liz
Cc: Hartley, Christopher; Cable, Kimberly; Huber, Jack; Greer, Leslie; Martone, Kim
Subject: RE: Extension of time Request for Compliance letters

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Connecticut Department of Public Health
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P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

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Subject: Extension of time Request for Compliance letters

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

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Greer, Leslie

From: Roberts, Karen
Sent: Friday, May 20, 2016 8:59 AM
To: Rotavera, Liz
Cc: Hartley, Christopher; Greer, Leslie
Subject: RE: Compliance letter for DN 15-31979 CON

Thanks Liz – I'll be taking a look at the attachments in the next week or so. I will make sure they get into the record for this docket number.

Regarding the Certificate of Need (CON) issued under CON Docket Number 15-31979-CON, please submit any further filings or documentation related to the CON conditions via electronic mail by using the OHCA general email inbox which is OHCA@ct.gov. In addition, please continue to reference the CON docket number in the subject line of the email when transmitting. Please be assured that any material that will be received in the general inbox will become part of the public record for this docket number. If the submission is 20 pages in length or longer, please mail the document to the Office of Health Care Access using the mailing address below in addition to electronic transmission.

Please note that you may see this email sent to St. Francis and its affiliates related to compliance with other docket numbers as well.

Thank you and let me know if you have any questions on this email.

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

From: Rotavera, Liz [mailto:LRotaver@stfranciscare.org]
Sent: Friday, May 20, 2016 8:52 AM
To: Roberts, Karen
Cc: Hartley, Christopher
Subject: Compliance letter for DN 15-31979 CON

HI Karen,

On behalf of Chris Hartley, please see above word, pdf and excel documents for our responses to the 15-31979- CON compliance letter that are due today 5/20/16.

Thank you very much.

Liz Rotavera, FACHE
Senior Planning Associate
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105

From: Roberts, Karen [mailto:Karen.Roberts@ct.gov]
Sent: Wednesday, April 20, 2016 1:04 PM
To: Rotavera, Liz
Cc: Hartley, Christopher; Cable, Kimberly; Huber, Jack; Greer, Leslie; Martone, Kim
Subject: RE: Extension of time Request for Compliance letters

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Cc: Hartley, Christopher; Cable, Kimberly; Rotavera, Liz
Subject: Extension of time Request for Compliance letters

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue
MS #13HCA

P.O. Box 340308
Hartford, CT 06134-0308

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Chris Hartley
Senior Vice President Planning, Business Development and Government Relations

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SAINT FRANCIS
Hospital and Medical Center

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

R. Christopher Hartley
Senior Vice President
Planning, Business Development &
Government Relations

May 20, 2016

Ms. Karen Roberts
Principal Health Care Supervisor
Office of Health Care Access
410 Capitol Avenue
MS13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Compliance with Agreed-Upon Stipulations set forth in the Certificate of Need (CON) Authorization under Docket Number: 15-31979-CON for the Transfer of Ownership of Saint Francis *Care*, Inc. to Trinity Health Corporation
Notification of Compliance Reporting Deficiencies Relating to Stipulations 6, 7 and 9

Stipulation 6

Question 1

Verify the inpatient bed allocation is reflective of the October 1, 2015, effective date of the ownership change.

This is the inpatient bed compliment reflective of the October 1, 2015 effective date of the ownership change.

FY2015 Saint Francis Hospital and Medical Center

Total Licensed Beds	617
Total Staffed Beds	581
Bassinets Staffed	26
Staffed Beds Breakdown:	
General Medical Surgical	398
Maternity	30
ICU	42
Neonatal Intensive Care	28
Psychiatric	83
Total	581
Mt. Sinai Rehabilitation Hospital - Licensed	60

Question 2:

As agreed to in the Agreed Settlement, provide a document, which can be readily entered into the record of the docket, which identified each outpatient service by location and hours of operation that is reflective of the October 1, 2015, effective date of the ownership change. This listing must then be posted on the Hospital's website in accordance with Stipulation 6. Be informed that a listing of the links to the Hospital's website is not in compliance with the wording and intent of

In an effort to fully comply with the Agreed Settlement Stipulation #6, Saint Francis Hospital and Medical Center added a link on its website labeled www.SaintFrancisCare.org/TrinityCon.aspx. This site provides an electronic link on the website to a wide variety of information inclusive of the health services listed in our previous letter. We have enclosed an Attachment 1 that contains the face page of the health services included on the web page that identifies hours of operation and how to access more information on each particular health service.

Question 3:

With respect to your response to Items 1 and 2 above, identify and explain all service changes undertaken by Saint Francis Hospital and Medical Center since October 1, 2015.

There have been no health service changes undertaken at Saint Francis Hospital & Medical Center since October 1, 2015.

Stipulation 7

Question 1:

As agreed to in the Agreed Settlement, provide a three-year plan demonstrating how inpatient and outpatient health care services will be provided by the Hospital, including any consolidation, reductions, elimination or expansion of existing services or introduction of new services.

As stated in our 12/1/15 letter, Trinity Health-New England, Inc., formerly known as Saint Francis *Care*, Inc. currently has no plans to consolidate, reduce, eliminate, expand or add any services at Saint Francis Hospital and Medical Center or the Mount Sinai Rehabilitation Hospital in SFY16, SFY17 or SFY18. For purposes of this response, the

health services covered by this stipulation are also identified by Saint Francis Hospital and Medical Center's Annual American Hospital Association Survey. These health services are listed below:

Ablation of Barrett's Esophagus
Adult Cardiac Electrophysiology
Adult Cardiac Surgery
Adult Diagnostic Catheterization
Adult Interventional Cardiac Catheterization
Ambulatory Surgery Center
Assistive Technology Center
Bariatric/Weight Control Services
Birthing Room-LDR Room-LDRP Room
Breast Cancer Screening/Mammograms
Cardiac Rehabilitation
Cardiac Intensive Care
Cardiac Electrophysiology
Cardiology and Cardiac Surgery Services
Chemotherapy
Crisis Prevention
CT Scanner
Dental Services
Diagnostic Radioisotope Facility
Electro diagnostic Services
Emergency Services
Endoscopic Retrograde
Endoscopic Services
Endoscopic Ultrasound
Esophageal Impedance Study
Freestanding Outpatient Care Center
Full-Field Digital Mammography (FFDM)
Genetic Testing/Counseling
Geriatric Services
Health Screenings
Hemodialysis
HIV-AIDS Services
Hospice Program
Hospital-Based Outpatient Care Center-Services
Immunization Program
Indigent Care Clinic
Intensity-Modulated Radiation Therapy (IMRT)
Linguistic/Translation Services
Magnetic Resonance Imaging (MRI)
Medical Surgical Intensive Care
Multi-Slice Spiral Computed Tomography (64+ Slice)
Neonatal Intensive Care
Neurological Services
Obstetrics
Occupational Health Services

Oncology Services
Orthopedic Services
Outpatient Surgery
Pain Management Program
Palliative Care Program
Patient Controlled Analgesia (PCA)
Patient Representative Services
Physical Rehabilitation Outpatient Services
Physical Rehabilitation Services (at Mount Sinai Rehabilitation Hospital,licensed 60 beds)
Positron Emission Tomography/CT (PET/CT)
Primary-Care Department
Prosthetic and Orthotic Services
Psychiatric Child-Adolescent Services
Psychiatric Consultation-Liaison Services
Psychiatric Geriatric Services
Psychiatric Outpatient Services
Psychiatric Services
Radiology Therapeutic
Radiology, Diagnostic
Robot-Assisted Walking Therapy (at Mount Sinai Rehabilitation Hospital)
Robotic Surgery
Shaped Beam Radiation System
Simulated Rehabilitation Environment (at Mount Sinai Rehabilitation Hospital)
Single Photon Emission Computerized Tomography (SPECT)
Sleep Center
Social Work Services
Sports Medicine
Teen Outreach Services
Tobacco Treatment/Cessation Program
Trauma Center
Ultrasound
Women's Health Center/Services
Wound Management Services

The definitions of these health services are included in Attachment 2 of this letter and noted by an asterisk. Furthermore, should Trinity Health-New England, Inc. formerly known as Saint Francis *Care*, Inc. wish to make changes in these health services or change the number of licenses it operates, such a change would follow all applicable OHCA notification and approval processes.

Stipulation 9

Question 1

Provide a five-year post-closing capital investment plan detailing the proposed allocation of the $275 million capital investment commitment. The submitted plan shall account for the full $275 million commitment as stated in the proposal and include the following information:

a. A list of planed capital expenditures with detailed descriptions and associated estimated costs, and

Please refer to Attachments 3 and 3a for FY 2016 actual capital expenditures to date (10/1/2015-4/30/2016) by Trinity Health –New England, Inc. Trinity Health – New England, Inc. is presently in the process of finalizing the FY 2017 (7/1/2016-6/30/2017) Capital Budget. See attachment 3 for the current capital plan for the Saint Francis entities for FY 2017. At this time, Trinity Health is reviewing both the operating and capital FY 2017 budgets for each regional health ministry, including Trinity Health – New England, Inc. The FY 2017 budgets are expected to be reviewed and approved in June 2016. Once approval is obtained, the final capital budget for FY 2017 will be submitted to OHCA. Attachment 3 also contains estimated capital allocations for FY2018-2020.

In addition, we have provided an update to the preliminary capital summary (Attachment 3) that was included on page 635 of the CON application. This summary notes the expected reallocation of a capital relating to strategic growth of the Trinity Health – New England, Inc. inclusive of the addition of Johnson Memorial Medical Center and the anticipated addition of Saint Mary's Health System in the future.

b. A timeframe for the rollout of the capital projects, including estimated beginning, ending and start-up/operation dates.

Until the FY2017 capital plan is approved, the timeframe is not formalized within the fiscal year. The majority of the expenditures listed on the FY 2017 capital plan (Attachment 4) are one year projects and will commence and be completed within the 12 month period beginning July 1, 2017. Beginning in July 2017 through July 2020, Trinity Health- New England Inc. will provide OHCA with an

update for this stipulation that confirms the previous fiscal year's capital expenditures as well as the approved capital expenditures for the current fiscal year. Trinity Health –New England, Inc. believes this approach will ensure the greatest accuracy as well as meet the intent of this stipulation.

If you have any questions please do not hesitate to call me at 860-714-5573.

Sincerely,



R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

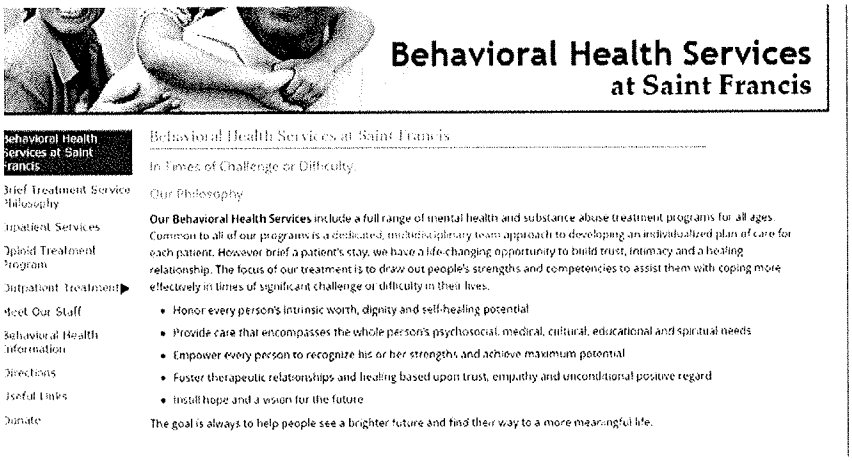
Attachment 1

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
PROGRAMS AND SERVICES – www.stfranciscare.com

Behavioral Health

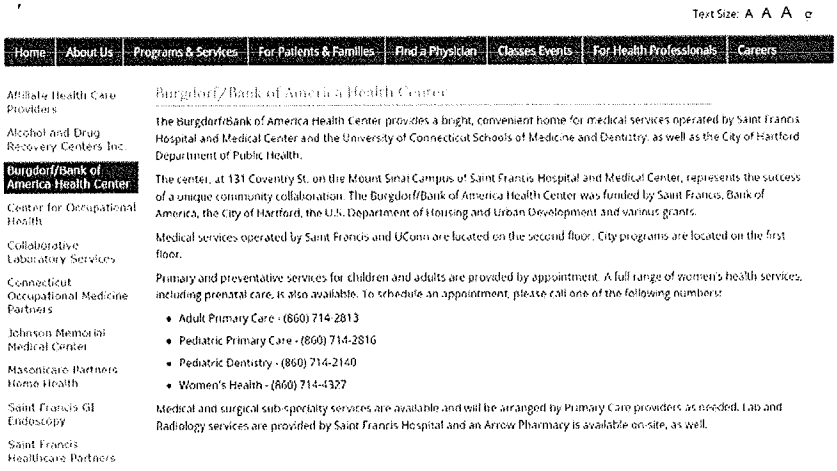
Hours: Inpatient – 24 hours per day/7 days per week

Outpatient – Monday thru Friday 8 a.m. to 5p.m. with the following additional hours: Enfield- Tues until 7p.m.; Glastonbury Wed until 7p.m.; Hartford and Simsbury Thurs until 7p.m.



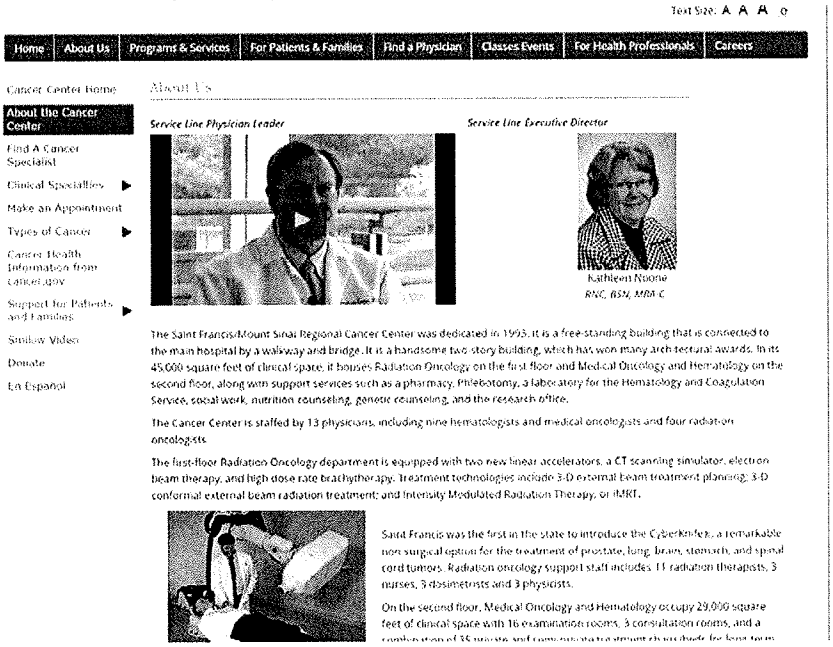
Burgdorg/Bank of America Health Center

Hours: Monday – Friday 8 a.m. – 5 p.m.



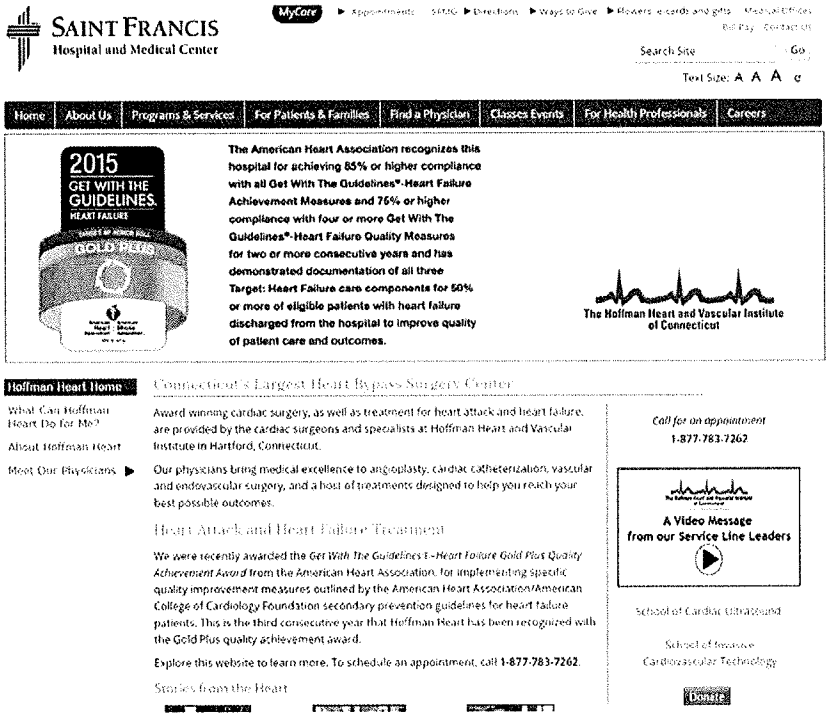
Cancer Center

Hours: Monday – Friday 8 a.m. – 4:30 p.m.



Cardiovascular Services

Hours: 24 hours per day / 7 days per week



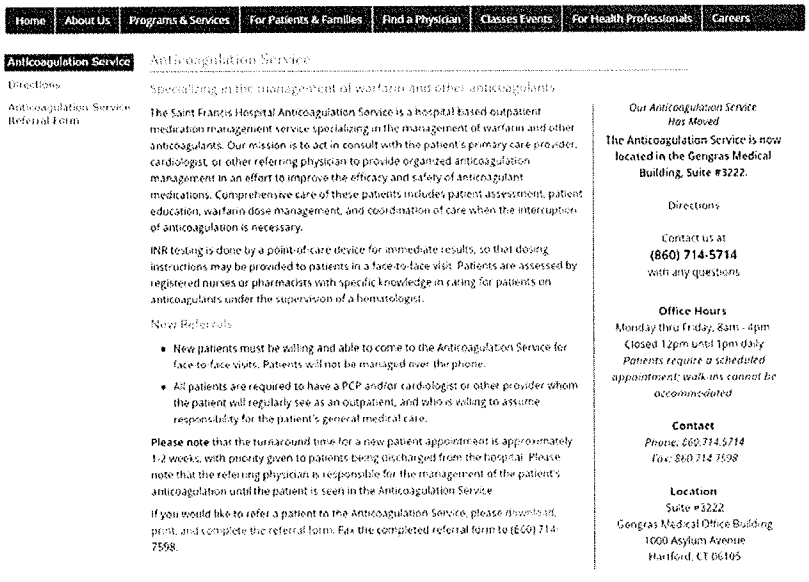
Cardiovascular Services – Women's Heart Program

Hours: Monday – Friday 8 a.m. – 5 p.m.



Cardiovascular Services – Anticoagulation Service

Hours: Monday – Friday 8 a.m. – 4 p.m.



Cardiovascular Services – Heart Failure Services

Hours: Inpatient 24 hours per day / 7 days per week ; Outpatient Monday – Friday 8 a.m. – 4 p.m.

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ns ▶

Heart Failure

Living with heart failure...


In the Hospital


In the Community

Heart failure is the **leading cause of hospitalization** for people **older than 65.** But in the last decade, scientists have come up with a combination of medicines — including **ACE inhibitors, beta-blockers** and **diuretics** — that enable the **failing heart to pump more efficiently.** And **defibrillators smaller than an iPod** are available to **prevent the biggest killer** of heart failure patients — **a sudden shutdown of the heart.** Learn more...

With these advances, **people are living full lives.** And **the Heart Failure Service of the Hoffman Heart and Vascular Institute** is providing the **high level of coordinated care** essential to improving the **quality of life** for patients with **congestive heart failure.** The Hoffman Heart and Vascular Institute was the **first in the region to offer a dedicated inpatient heart failure unit.** Our **comprehensive heart failure program** is designed to coordinate the care of **inpatient and outpatient heart failure services.** This allows us to **maximize** our treatment and offer **state-of-the-art therapies** to patients with **all stages of heart failure.** Our **affiliation with Yale-New Haven Hospital** provides our patients with **the most comprehensive approach to end-stage heart failure in the region.**



Download and print our brochure



Read more about the Congestive Heart Failure



The American Heart Association recognizes us for achieving 85% or higher adherence to all Get With The Guidelines-Heart Failure Quality Measures to improve quality of patient care. In addition we have demonstrated documentation of all three Target: Heart Failure care components for 50% or more of eligible patients with heart failure discharged during one calendar quarter.

Children's Advocacy Center

Hours: Monday – Friday 8:30 a.m. – 5 p.m.

The Greater Hartford Children's Advocacy Center at Saint Francis

- About Us
- What is Child Sexual Abuse?
- Make a Referral
- Diagnostic and Forensic Interviews
- Services for Families, Children and Professionals
- Meet Our Team
- Outreach and Prevention Education
- Resources and Funders
- Directions and Parking

The Greater Hartford Children's Advocacy Center at Saint Francis

For Victims of Childhood Sexual Abuse

The Greater Hartford Children's Advocacy Center at Saint Francis is a safe place where children who are suspected victims of sexual abuse can get the support and treatment they need. The center serves 400 children and 700 to 800 parents or caregivers every year. Learn More

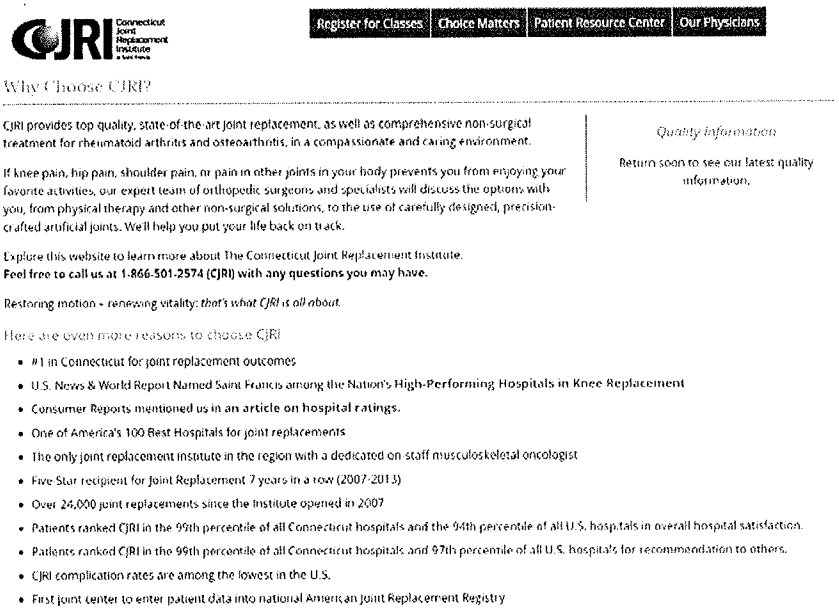
For Investigators and Service Providers
- Diagnostic Interviews

For Families and Service Providers
- Advocacy
- Medical Exams
- Individual Therapy
- Multi-generational Family Therapy

For the Community
- Outreach & Education

Connecticut Joint Replacement Institute

Hours: 24 hours per day / 7 days per week



CJRI Connecticut Joint Replacement Institute at Saint Francis

Register for Classes | Choice Matters | Patient Resource Center | Our Physicians

Why Choose CJRI?

CJRI provides top quality, state-of-the-art joint replacement, as well as comprehensive non-surgical treatment for rheumatoid arthritis and osteoarthritis, in a compassionate and caring environment.

If knee pain, hip pain, shoulder pain, or pain in other joints in your body prevents you from enjoying your favorite activities, our expert team of orthopedic surgeons and specialists will discuss the options with you, from physical therapy and other non-surgical solutions, to the use of carefully designed, precision-crafted artificial joints. We'll help you put your life back on track.

Explore this website to learn more about The Connecticut Joint Replacement Institute.
Feel free to call us at 1-866-501-2574 (CJRI) with any questions you may have.

Restoring motion - renewing vitality: *that's what CJRI is all about.*

Quality Information

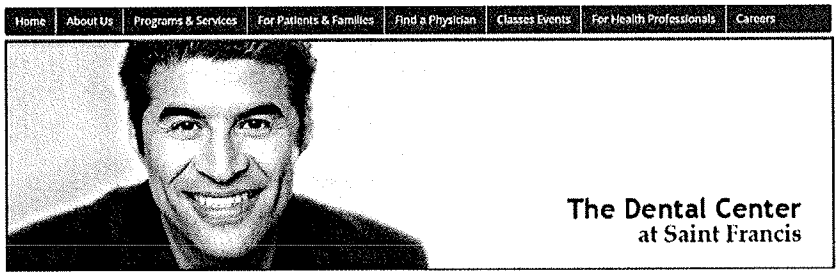
Return soon to see our latest quality information.

Here are even more reasons to choose CJRI

- #1 in Connecticut for joint replacement outcomes
- U.S. News & World Report Named Saint Francis among the Nation's High-Performing Hospitals in Knee Replacement
- Consumer Reports mentioned us in an article on hospital ratings.
- One of America's 100 Best Hospitals for joint replacements
- The only joint replacement institute in the region with a dedicated on-staff musculoskeletal oncologist
- Five Star recipient for Joint Replacement 7 years in a row (2007-2013)
- Over 24,000 joint replacements since the institute opened in 2007
- Patients ranked CJRI in the 99th percentile of all Connecticut hospitals and the 94th percentile of all U.S. hospitals in overall hospital satisfaction.
- Patients ranked CJRI in the 99th percentile of all Connecticut hospitals and 97th percentile of all U.S. hospitals for recommendation to others.
- CJRI complication rates are among the lowest in the U.S.
- First joint center to enter patient data into national American Joint Replacement Registry

Dental Services for General and Specialized Dental Care

Hours: Monday – Friday 8 a.m. – 5 p.m.



Home | About Us | Programs & Services | For Patients & Families | Find a Physician | Classes Events | For Health Professionals | Careers

The Dental Center at Saint Francis

Home
Dental Services
Meet Our Team
For Dental Center Patients
Dental Center Technology
General Practice Residency in Dentistry

Dentists for General and Specialized Dental Care

Welcome to **The Dental Center at Saint Francis Hospital and Medical Center.** We perform a wide range of dental services for **preventative** and **reconstructive care.** Our mission is to provide **superior dental service,** tailored to the individual, in a **comfortable** manner.

Outside of regular check-ups, when do I need to see a dentist?

Regular dental check-ups will help your dentist spot problems in the early stages, before they become serious. But if you can answer 'yes' to any of the following symptoms, it's probably a good idea to schedule an extra visit soon:

- Are your teeth sensitive?
- Do your teeth hurt when chewing?
- Do you have pain or swelling in your mouth, face, neck, jaw?
- Are you experiencing bleeding or swelling gums?
- Do you have difficulty chewing or swallowing?
- Is your mouth often dry, and/or do you have bad breath?
- Do you have sores or spots inside your mouth?

Call (860) 714-4995 to make an appointment.
We look forward to meeting you!

Call for an appointment
(860) 714-4995

For Dental Emergencies after business hours, call the Saint Francis operator:
(860) 714-4000
A Dental Center staff member will return your call as soon as possible.

The Dental Center at Saint Francis

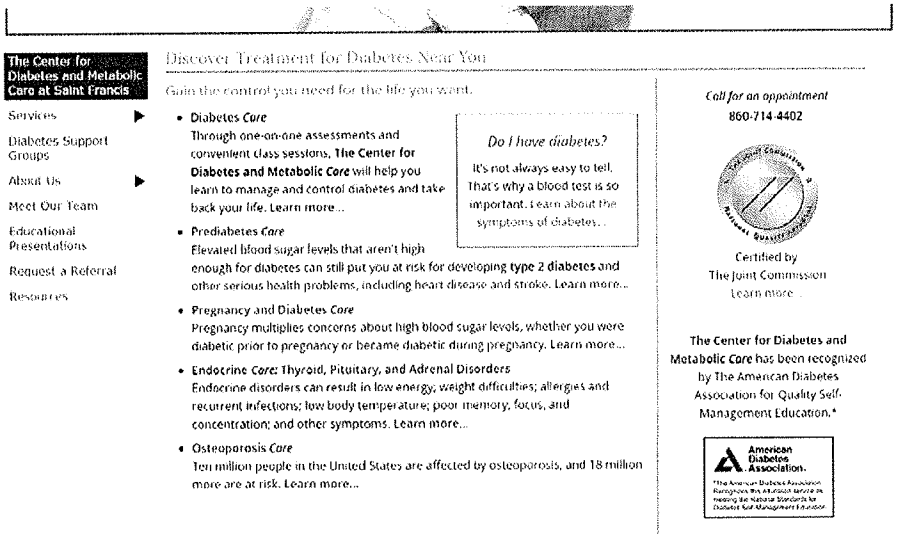
1000 Asylum Avenue,
Suite 3200
Hartford, CT 06105

Fax: (860) 714-8003
Hours: Monday - Friday,
8:30 am - 5:00 pm

Directions

Diabetes and Metabolic Care

Hours: Monday – Friday 8 a.m. – 5 p.m.



The Center for Diabetes and Metabolic Care at Saint Francis

Services ▶
Diabetes Support Groups
About Us ▶
Meet Our Team
Educational Presentations
Request a Referral
Resources

Discover Treatment for Diabetes Near You

Gain the control you need for the life you want.

- Diabetes *Care*
  Through one-on-one assessments and convenient class sessions, **The Center for Diabetes and Metabolic *Care*** will help you learn to manage and control diabetes and take back your life. Learn more...
- Prediabetes *Care*
  Elevated blood sugar levels that aren't high enough for diabetes can still put you at risk for developing type 2 diabetes and other serious health problems, including heart disease and stroke. Learn more...
- Pregnancy and Diabetes *Care*
  Pregnancy multiplies concerns about high blood sugar levels, whether you were diabetic prior to pregnancy or became diabetic during pregnancy. Learn more...
- Endocrine *Care*: Thyroid, Pituitary, and Adrenal Disorders
  Endocrine disorders can result in low energy; weight difficulties; allergies and recurrent infections; low body temperature; poor memory, focus, and concentration; and other symptoms. Learn more...
- Osteoporosis *Care*
  Ten million people in the United States are affected by osteoporosis, and 18 million more are at risk. Learn more...

Do I have diabetes?

It's not always easy to tell. That's why a blood test is so important. Learn about the symptoms of diabetes...

Call for an appointment
860-714-4402

Certified by The Joint Commission
Learn more

The Center for Diabetes and Metabolic *Care* has been recognized by The American Diabetes Association for Quality Self-Management Education.*

American Diabetes Association.

Emergency Department

Hours: 24 hours per day / 7 days per week



Emergency Medicine

Meet Our Team

Donate

When Every Moment Matters...

The Saint Francis Emergency Department is a leader in the care of:

- Trauma*
- Stroke**
- Heart attack***
- Urgent Care

Physician Transfer Service
(860) 714-6911

Treatment of serious, as well as non-life-threatening emergencies, is provided by board-certified physicians, physician assistants and nurse practitioners. Nurses receive specialty certifications in emergency nursing and trauma care. The department also supports an active toxicology program for the treatment of accidental and intentional poisonings and medication complications or interactions. Sexual assault victims receive specialized care from SANE-certified nurses (Sexual Assault Nurse Examiners).

Urgent Care through Medical Express

For treatment of minor emergencies, illnesses, and injuries requiring urgent care, the

POWERED BY InQuicker

HARTFORD
Saint Francis Hospital
Emergency Room
231 Ashley Street
Hartford, CT (860) 714-4000

Select a date

Select a time

Check In Now

Directions

FastCare

Hours: Monday – Friday 12 p.m. – 8 p.m.; Saturday 8:40 – 4:30; Sunday 9:30 a.m. – 2:30 p.m.



Saint Francis FastCare

Our Services

Frequently Asked Questions

Meet Our Staff

Find Us

aint Francis re?

Walk-In Care

Healthcare at the speed of life

SAINT FRANCIS FASTCARE

Saint Francis FastCare™ now brings the medical excellence of Saint Francis Hospital and Medical Center to local Super Stop & Shop® stores.

Sunday 9:30am to 2:30pm
Holidays 10:00am to 2:00pm
Closed Christmas Day and Easter Sunday
Walk-ins Welcome

Homecare and Hospice Services

Hours: 24 hours/day, 7 days /week

Specialized Senior Services and Person-Centered Care - Open to All

As Connecticut's largest provider of senior healthcare, senior living, homecare and hospice, Masonicare provides specialized services and person-centered care each day to people all across our state with the same compassion, caring and commitment that began over a century ago. Founded by the Masons – but open to all, Masonicare's people, services, programs and communities are Here for You.

Masonicare's Senior Healthcare Services:

- Dementia care
- Geriatric Assessment
- GI Services
- Hospital Care & Services
- Home Health – Aging Safely and Healthfully at Home
- Hospice & Palliative Care
- Long-Term Care (skilled nursing care)
- Neuroscience/Behavioral Health
- Primary Care Physicians
- Rehabilitation & Specialty Service
- Support Groups and Community Services

Service Guide
Use our Service Guide to quickly find the services that are right for you.

Masonicare Helpline
888-679-9997

Live Chat
Our representatives are available Monday through Friday, 8:30am-4:00pm.

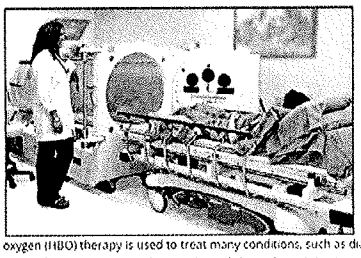
Hyperbaric Oxygen Therapy

Hours: Monday – Friday 7:30 a.m. – 4 p.m.

Center for Advanced Wound Healing and Hyperbaric Medicine
Our Services ▶
Appointment and Referrals
For Physicians ▶
Meet Our Team
Directions and Map
Related Saint Francis Services ▶

Hyperbaric Oxygen Therapy

Advanced Treatment for Wounds, Infections, and Injuries



Hyperbaric oxygen (HBO) therapy is used to treat many conditions, such as diabetic foot wounds, certain difficult-to-heal wounds, complicated skin or bone infections, carbon monoxide poisoning, and the effects of radiation following cancer treatment. The primary purpose of HBO therapy in wound care is to directly improve the delivery of oxygen to injured tissue, which can help promote healing.

To find out if Hyperbaric Oxygen Therapy is right for you, speak with your physician or call The Center for Advanced Wound Healing and Hyperbaric Medicine at Saint Francis

(860) 714-3010

Monday through Friday
7:30AM - 4PM

The Center for Advanced Wound Healing and Hyperbaric Medicine at Saint Francis
500 Blue Hills Avenue
Hartford, Connecticut 06112
(860) 714-3010
Fax: (860) 714-8592

Directions and Map

The Center for Advanced Wound Healing and Hyperbaric Medicine provides outpatient hyperbaric oxygen therapy as part of the comprehensive plan of care prescribed by your primary doctor or specialists. Our highly trained hyperbaric medicine team works closely with your physician(s) to develop a customized treatment plan for you. We will do all that we can to make you comfortable and help you understand what we are doing for you.

Hyperbaric oxygen therapy helps patients in a number of ways, including:

- Improved wound healing
- Faster resolution of infection
- Stimulation of new blood vessel formation

Infectious Disease

Hours: 24 hours per day / 7 days per week



edicine Programs at
int Francis
nticoagulation Service
iabetes Education
aVita Dialysis Center
eriatric Medicine
ospital Medicine
legrative Medicine
ultiple Sclerosis
enter
alliative and Hospice
are
ulmonary Medicine
Index Center
nternal Medicine
esidency Program

We Are There for You...

BestCare for a Lifetime™

Find a Physician:

- Allergy & Immunology
- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Disease
- *Internal Medicine*
  - A-L | M-Z
- Nephrology
- Neurology
- Pulmonology
- Rheumatology

Welcome to the Medicine Service at Saint Francis. Most patients will encounter one or more members of our large and experienced team at some point during their hospital stay.

We are the hospitalists responsible for the day-to-day care of most inpatients. We are the infectious disease experts working to ensure that unexpected complications do not interfere with your recovery. We are the specialists in more than a dozen disciplines who work as a team to ensure high-quality, coordinated care. We are your doctors, who recognize that every patient is a person, not an illness or condition.

Frequently, when we enter your room trailed by a group of young clinicians, we are also teachers, fulfilling our mission as a teaching hospital to train the next generation of physicians and health care professionals.

Laboratory Services

Hours: Varies by Location

E. HARTFORD - SCHEDULE YOUR APPOINTMENT NOW InQuicker	893 Main St.	Phone: 860-268-0808 Fax: 860-262-0918 Hours: 8:00-12:15, 1:15-5:00; 7:00-11:00 SAT
ELLINGTON	137 West Rd.	Phone: 860-929-1910 Fax: 860-979-1812 Hours: 7:00-12:30 M-F
ENFIELD - SCHEDULE YOUR APPOINTMENT NOW InQuicker	2 Elm St.	Phone: 860-253-0500 Fax: 860 253 6579 Hours: 7:00-12:30, 1:30- 5:00 M-F; 7:00-12:00 SAT
FARMINGTON	2 Spring Lane Unit 4	Phone: 860 678-0825 Fax: 860-678-0926 Hours: 7:00-12:00 12:40-4:00 M,W,F 7:00-12:00 Sat (closed Tues & Thurs)
GLASTONBURY	33 Cedar Lane St.	Phone: 860-714-9712 Fax: 860-714-9167 Hours: 8:00-12:30 1:30-5:00 M-F
HARTFORD	10 Woodland St., Suite 2A	Phone: 860-947-0715 Fax: 860 947-0795 Hours: 8:00-5:00 M-F,
HARTFORD - SCHEDULE YOUR APPOINTMENT NOW InQuicker	1009 Asylum St., Suite 2209	Phone: 860-714-4810 Fax: 860 714 8028 Hours: 7:00-5:30 M-F
HARTFORD	500 New Park Ave.	Phone: 860-714-8705 Fax: 860 714 8933 Hours: 6:30-6:00 M-F
ROCKY HILL	50a Cromwell Ave.	Phone: 860-721-7177 Fax: 860-721-6313 Hours: 8:30-12:30, 1:30- 5:00 M-F
ROCKY HILL	2301 Main Street Hwy.	Phone: 860-721-9679 Fax: 860-721-9679 Hours: 7:00-12:30, 1:30- 4:00 M-F; 7:00-12:00 SAT
SOUTH WINDSOR	445 Buckland Road	Phone: 860-644-2928 Fax: 860-644-2697 Hours: 8:00-12:30, 1:30- 5:00 M-F

Department of Medicine

Hours: 24 hours per day / 7 days per week



edicine Programs at
int Francis
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abetes Education
VHA Dialysis Center
riatric Medicine
spital Medicine
egration Medicine
ultiple Sclerosis
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oke Center
ternal Medicine
sidency Program

We Are There for You...

BestCare for a Lifetime™

Find a Physician:

- Allergy & Immunology
- Dermatology
- Endocrinology
- Gastroenterology
- Infectious Disease
- *Internal Medicine*
  - A | I | M | Z
- Nephrology
- Neurology
- Pulmonology
- Rheumatology

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Frequently, when we enter your room trailed by a group of young clinicians, we are also teachers, fulfilling our mission as a teaching hospital to train the next generation of physicians and healthcare professionals.

Men's Health Institute

Hours: Monday – Friday 8:30 a.m. – 5 p.m.and by appointment



The Men's Health Institute
at Saint Francis

Men's Health
itute
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ational Resources
State Cancer
port Group
ut the Institute
ve Done This Far
aith!
ual Celebrity Golf
ssic
Curtis D. Robinson

The Men's Health Institute

"I don't want to see another man die because he has no money for adequate healthcare."

Curtis D. Robinson
Founder and Board Member
The Men's Health Institute

The American Cancer Society states that African-American men are more likely to get prostate cancer than Caucasian men, and have a nearly two-fold mortality rate when compared with Caucasian men.* To help correct this health disparity, Saint Francis has partnered with more than 30 faith-based and community organizations to develop The Men's Health Institute.

Listen to a recent interview with Curtis D. Robinson on the Sean Hannity show.

The Men's Health Institute was recently mentioned in a New York Times article on men's health. Read more (pdf)...

Mount Sinai Rehabilitation Hospital

Hours: Inpatient - 24 hours per day / 7 days per week; Outpatient - Monday – Friday 8 a.m. – 5 p.m.



Mount Sinai
Rehabilitation Hospital

Rehabilitation Success Stories



Amy - Putnam

"I don't think I'd have gotten this much better if it wasn't for Mount Sinai ..."



Barbara - Stafford Springs

"The people here really genuinely care ..."



Billie - Windsor

"Everybody at Mount Sinai treated me great ..."

The Region's Most Comprehensive Acute Care Rehabilitation Hospital

Mount Sinai Rehabilitation Hospital in Hartford, Connecticut, offers rehabilitation for brain and spinal cord injury, stroke, nerve and joint injury, multiple sclerosis, and the effects of major surgery. A nationally recognized staff of rehabilitation specialists in physical and occupational therapy, physiatry, neurology, neuropsychology, orthopedics, otolaryngology, and speech pathology is equipped to provide you with every service needed to reach your best possible rehabilitative outcomes in one center of medical rehabilitation excellence. Explore this website to learn more.

For Details: ***(860) 714-3500***

Annual Reports

Meet Our Medical Team

These physicians are members of Rehabilitation Medicine Associates, a Saint Francis Medical Group affiliated practice



Robert J. Krug, M.D.
Board Certified in Physical Medicine and Rehabilitation
Medical Director, Mount Sinai Rehabilitation Hospital PM&R Service Line, Saint Francis Hospital and Medical Center



Kathleen Abbott, M.D.
Board Certified in Physical Medicine and Rehabilitation
Physical Medicine and Rehabilitation



Raymond J Chagnon, M.D.
Board Certified in Physical Medicine and Rehabilitation
Board Certified in Internal Medicine

We are a Saint Francis *Care* Affiliated Post-Acute Care Network Provider.
Click here to learn more.

Saint Francis
HealthCarePartners

Mount Sinai Rehabilitation Hospital – Mandell Center

Hours: Monday – Friday 8 a.m. – 5 p.m.

Mandell Center for Multiple Sclerosis
Mount Sinai Rehabilitation Hospital

Why Choose The Mandell MS Center? About Us | Meet Our Team
Host to the Multiple Sclerosis Brain Symposium 2016 | About Joyce and Andy Mandell

Why Choose The Mandell MS Center?

We offer comprehensive MS care and services in one central location

- **A nationally recognized team of MS specialists**
  Neurologists, physiatrists, therapists, urologists, a dedicated nursing staff, and support staff, all with one goal in mind: *helping you enjoy life as fully as possible.*
- **A broad range of therapeutic programs**
  Physical therapy, speech therapy, occupational therapy, aquatic therapy, robotic therapy, as well as access to off-site programs such as *Golfers in Motion* and *The Connecticut Adaptive Rowing Program*. We also offer a wide range of support groups.
- **State-of-the-art facilities**
  LOKOMAT® locomotion therapy, ARMEO® hand and arm therapy and other robotic therapy equipment, a therapeutic pool temperature-regulated specifically for persons with MS, plus the full facilities support of Mount Sinai Rehabilitation Hospital
- **A Dedicated Infusion Therapy Suite**
  Our on-site infusion therapy suite allows multiple sclerosis patients to receive infusion therapy treatments conveniently at the Mandell Center.
- **Ground-breaking research projects and clinical trials**
  Through the work of dedicated neuroscience researchers, we're expanding knowledge of MS and laying the groundwork for promising therapies.

For more information
(860) 714-2149

Learn more about Multiple Sclerosis >

Research Projects and Clinical Trials>

Resources for Patients and Caregivers >

Coming Soon
Information For Health Professionals



Occupational Health

Hours: Monday – Friday 8 a.m. – 5 p.m.

Center for Occupational Health
Connecticut Occupational Medicine Partners

Center for Occupational Health

The Center for Occupational Health at Saint Francis provides acute care treatment for work related injuries and illnesses. As a specialty provider, our job is to treat injured employees, and return them back to work as quickly, and safely, as possible. The continuum of occupational health that we provide restores, maintains and promotes the health of today's workforce.

Saint Francis adds value to our services through our integrated network relationships with our hospital partners. **Connecticut Occupational Medicine Partners, C.O.M.P.**, an affiliation of Saint Francis, Danbury Hospital, Johnson Memorial Medical Center, and Bristol, Manchester and Rockville General Hospitals was formed as a network of integrated occupational health centers providing 24-hour coverage throughout Central Connecticut. With eight facilities in the region, **C.O.M.P.** is the largest occupational health network in Central Connecticut, serving over 2,000 employers.

Our success is measured by the satisfaction of both our employers and their employees. Each of our locations is a full-service medical facility providing:

- Complete Medical Treatment Of Work-related Injuries
- Employment Physicals
- Drug Screening
- Breath Alcohol Testing
- DOT Physicals & Drug Screening
- On-site X-ray
- On-site Laboratory Services
- On-site Pharmacy Service
- Audiometry and Spirometry Testing
- Physical Therapy
- Functional Capacity Exams
- Independent Medical Evaluations
- Courtesy Van Service at Five Facilities
- Multi-lingual Support

You will find that board-certified physicians, who have extensive experience in occupational medicine, treat all patients.

If an injury occurs after clinic hours, or is an emergency, please dial 911 or go to the Saint Francis Hospital Emergency Room.

Pain Management Center

Hours: Monday – Friday 8 a.m. – 5 p.m.



The Pain Management Center
at Saint Francis

- Why Pain Management?
- Meet Our Staff
- Pain Conditions, Treatments, and Procedures
- Referral Information

Why Pain Management?

Persistent pain debilitates and ultimately destroys an individual's quality of life. At the **Pain Management Center at Saint Francis Hospital and Medical Center**, a team of board-certified anesthesiologists with subspecialties in pain management is dedicated to bringing the most current therapies to the relief of patients who suffer from pain.

The Pain Management Center

The largest of its kind in Central Connecticut, the Pain Management Center offers a comprehensive, multidisciplinary approach to treating patients with chronic pain.

Each patient first receives an evaluation and diagnosis. A treatment plan is then formulated and implemented after discussions with the patient and referring physician. Treatment will include the use of the latest technologies and techniques, and will often involve collaboration with experts in neurology, psychology, physical therapy

Locations

Hartford
The Pain Management Center at Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06105
(860)714-5861
fax:(860)714-8111
Directions | Parking

Pastoral Care

Hours: Sunday – Saturday 7 a.m. – 4 p.m. Chaplain on-call at other times

- For Patients & Families
- Affordable Health Insurance
- Amenities ▶
- Email a Patient
- Ethics at Saint Francis
- Location, Directions & Parking
- In an Emergency
- En caso de emergencia
- MyCare Online Bill Pay
- Pastoral Care ▼
- Patient Information ▶
- Visitor Information ▶
- Horario de visitas

Pastoral Care Department

The Pastoral and Spiritual Dimension of Healing

Since its founding by the Sisters of Saint Joseph of Chambery in 1897, Saint Francis Hospital and Medical Center has recognized the spiritual component of healing and wellness.

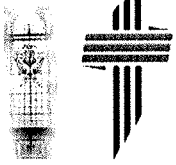
Through the mission of Saint Francis Hospital and Medical Center each employee and volunteer is encouraged to revere the spirituality of each other and all of our patients and their families. A vibrant staff of professional chaplains in the Department of Pastoral Care supports this commitment by providing spiritual and pastoral care to patients and family members of all beliefs and faith traditions any time during their stay.

Find a chaplain

Chaplains provide care routinely from 7:30 a.m. to 4:00 p.m. daily, including Saturday and Sunday.

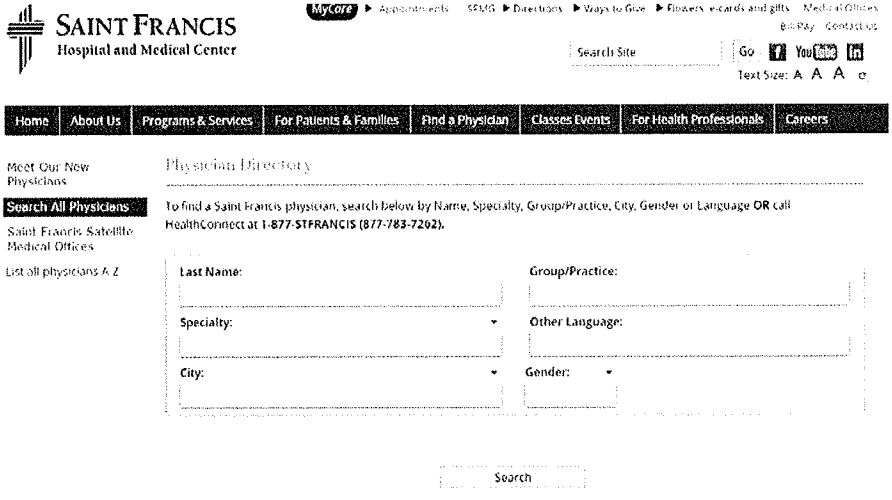
- Dial 0 and ask the operator for the on-call chaplain
- Ask your nurse to page the on-call chaplain

For emergencies outside routine hours, a chaplain may be reached by dialing "0" from within the hospital or 860 714 4000 from outside the hospital. Chaplains are also available to provide support to hospital staff.



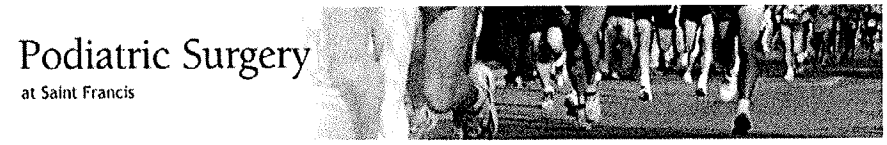
Physician Referral Service

24 hours per day / 7 days per week



Podiatric Services

Hours: Monday – Friday by appointment



Podiatric Services

Find a Podiatrist

Podiatric Health Information

Podiatric Medicine and Surgery Residency Program

Podiatric Services

Oh, My Aching Feet!!

Although 75 percent of people in the United States suffer with foot pain at some time in their lives, foot pain is not normal and is not something anybody should have to live with. At Saint Francis Hospital and Medical Center, our highly skilled team of podiatrists is at the forefront when it comes to treating bone, muscle, and joint disorders affecting the feet, ankle, and lower extremities.

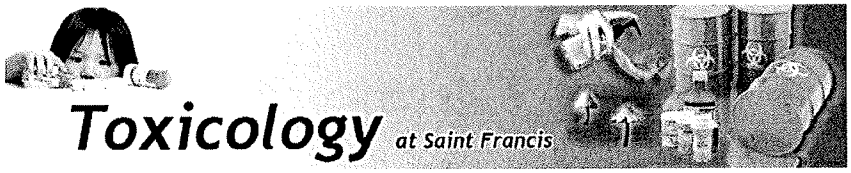
Extensive follow up care includes educating patients about treatments and foot care techniques necessary for the prevention of future problems.

To schedule an appointment with one of our podiatrists, please call 1-877 STFRANCIS (1-877-783-7262).



Poison Treatment and Toxicology Services

Hours: 24 hours per day / 7 days per week



oison Treatment and oxicology Services

oxicology News and esources

Poison Treatment and Toxicology Services

"In our modern society, we face threats from numerous hazardous substances. Prompt action by a trained specialist can be the critical factor in a successful outcome."

Daniyal Ibrahim, M.D.
Director of Medical Toxicology
Medical Toxicology Service at Saint Francis

Toxicity-Related Conditions

The Medication Safety and Exposure Clinic at Saint Francis provides help for a broad variety of toxicity-related conditions:

- Poisoning
- Specific Complications from Medication
- Exposure to Toxic Substances

Poisoning

Poisoning emergencies are referred to Toxicology through the Emergency Department, and may result in inpatient care. Poisoning emergencies include:

- **Overdose** of medication
- **Accidental swallowing of toxic substances** such as cleaning products
- **Bites or stings from venomous living things** such as snakes, spiders, and wasps

EMERGENCY?

Call 911

or

Poison Help:

1-800-222-1222

Hearing Impaired:

1-866-218-5372

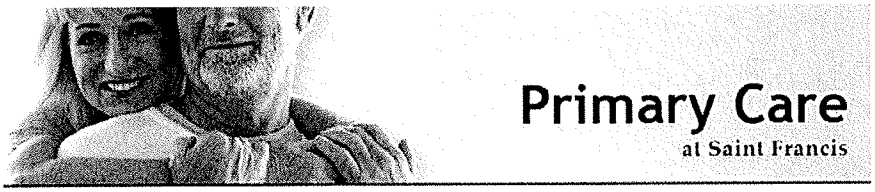
For non-emergencies only, call the Medication Safety and Exposure Clinic at Saint Francis

860-714-5155

The Medication Safety and Exposure Clinic at Saint Francis
114 Woodland Street
Hartford, Connecticut
06105

Primary Care Services

Hours: Monday – Friday 8 a.m. – 5 p.m.



- Is Primary Care?
- Lab Locations
- ology Services
- th Education
- ness
- Events

What is Primary Care?

Best Care for Our Patients

Not long ago, the primary care physician may have been called your family doctor, or maybe your general practitioner. He or she was the doctor who patients generally called first for routine physicals, immunizations, minor ailments and follow-up care for chronic diseases, such as diabetes.

Although the job of primary care physicians is a bit more complex these days, they still are the first stop for most people in need of medical attention.

Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings including the doctor's office, the hospital, a nursing home, at home, even in

Service Line Leaders



Adam Silverman, M.D., FACP
Physician Leader



Donna Benzinger
Executive Director

Listen to Our Patients

Pulmonary Rehabilitation Program

Hours: Monday – Friday 8:30 a.m. – 5 p.m.

Home | About Us | Programs & Services | For Patients & Families | Find a Physician | Classes Events | For Health Professionals | Careers

- Pulmonary Medicine
- Staff Physicians
- Outpatient Pulmonary Rehabilitation Program
- Pulmonary Education
- Pulmonary Laboratory Diagnostic Services
- Respiratory Care
- Research and Clinical Trials

Outpatient Pulmonary Rehabilitation Program

The Outpatient Pulmonary Rehabilitation Program at Saint Francis Hospital and Medical Center is designed to help people with pulmonary diseases including:

- Chronic Obstructive Pulmonary Disease (COPD)
  - Chronic Bronchitis
  - Pulmonary Emphysema
- Pulmonary Fibrosis (Interstitial Lung Disease)
- Pulmonary Sarcoidosis
- Other Pulmonary Diseases

For more information

Call:
860 714-5288
860 714-4045
Or
Fax:
860 714-8035.

Our Goals

The program is designed to achieve a maximum level of functional independence. The program combines education, exercise and individual therapy. The program goals include:

- Decreasing respiratory symptoms
- Relieving anxiety and depression
- Increasing a patient's ability to perform the tasks of daily living
- Increasing capacity of exercise and endurance
- Improving a patient's ability to return to work

The Team

The Pulmonary Rehabilitation Team includes a medical specialist in pulmonary diseases, pulmonary nurse, respiratory therapist, physical therapist, nutritionist, pharmacist and, most importantly, the patient and his or her family. An exercise physiologist provides input on exercise prescriptions.

Pulmonary Medicine

Hours: 24 hours per day / 7 days per week

Pulmonary Medicine

Staff Physicians

Outpatient Pulmonary Rehabilitation Program

Pulmonary Education

Pulmonary Laboratory Diagnostic Services

Respiratory Care

Research and Clinical Trials

Pulmonary Medicine

Our team of dedicated physicians specialize in high quality medical care in the areas of prevention, diagnosis and treatment for:

- Critical Care Medicine
- Pulmonary Disease
- Sleep Disorders
- Occupational Lung Disease
- Pulmonary Rehabilitation
- And Numerous Other Pulmonary Related Illnesses

We are conveniently located on the first floor of the Patient Care Tower to allow easy access for our respiratory patients, and offer state-of-the-art diagnostic services as well as a caring, compassionate staff dedicated to the health and well-being of our patients.

Radiology and Imaging Services

Hours: Inpatient - 24 hours per day / 7 days per week; Outpatient - 7:30 a.m. – 5 p.m.

Radiology and Imaging Services

Overview

For Our Patients

For Health Professionals

Meet Our Staff

Locations

Contact Us

Radiology and Imaging Services at Saint Francis

Saint Francis Hospital and Medical Center is the first to introduce a Siemens Biograph-64 PET/CT scanner to Connecticut.

The scanner combines the most advanced Positron Emission Tomography (PET) and Computed Tomography (CT) scanners. The scanners are imaging tools that physicians use to pinpoint various diseases in the body. A PET scan reveals the biological function of the body, while the CT scan provides anatomical information. The ability to fuse both sets of images into one system gives physicians high resolution views of both form in function inside the body.

"As state-of-the-art patient care moves forward into the realm of target therapies and 'molecular medicine', Radiology/Imaging Services at Saint Francis Hospital and Medical Center is at the forefront with tools such as the Biograph-64 which will allow us to detect disease earlier, and to monitor therapy more accurately than ever before by imaging on a cellular level," explains Anthony Posteraro, M.D., Director, Nuclear Medicine, Saint Francis Hospital and Medical Center.

PET/CT is a useful tool for oncologists, for example, in determining an early diagnosis, more accurate tumor detection and precise localization, improved biopsy sampling, and better assessment of patient responses to chemotherapy and radiation therapy.

Sleep Disorders Program

Hours: Monday – Friday by appointment



Sleep Disorders Center

Meet Our Team

What is a Sleep Test?

Sleep Resources

Schedule an Appointment ▶

Physician Referral Forms ▶

Sleep Disorders Center

Poor quality sleep can sour your mood, make you drowsy at work, and can even indicate deeper health problems. The physicians and sleep specialists at The Sleep Disorders Center at Saint Francis stand ready to diagnose your sleep disorder and develop an effective treatment plan just for you.

Sleep Tests: 2 Options

Sleep Tests give your physician important information about your body's sleep patterns. The Sleep Disorders Center offers two kinds:

- Home Testing, the convenient, comfortable way to record your sleep information in your own home, on your schedule. Learn more...
- Sleep Lab Testing performed here at Saint Francis. Learn more...

Whether your Sleep Test is performed at home or in our Sleep Lab, our physicians and sleep specialists will help point the way to better nights ahead, for a better-rested, healthier you.

Get started on the road to a good night's sleep today, in one of these convenient ways:

- Ask your physician to complete our referral form
- Request an appointment
- Call the Sleepline at

(860) 714-6591

The Sleep Disorders Center at Saint Francis is accredited by the American Academy of Sleep Medicine.

The Sleep Disorders Center
at Saint Francis
114 Woodland Street
Hartford, CT 06105
Directions | Parking

The Stroke Center

Hours: 24 hours per day / 7 days per week



e Stroke Center at
int Francis
eet Our Staff
out Stroke
roke Center News
ents and Support
oup Meetings

The Stroke Center at Saint Francis

Message from the Medical Director



Mansour Afshani, M.D.
Medical Director

The statistic is startling, yet very real: **one in every three people will suffer from a stroke.** Now, Saint Francis Hospital and Medical Center is taking a pre-emptive strike against strokes with the creation of *The Stroke Center at Saint Francis.*

The program was created through the collaboration of combined resources available within the medical center, with the goal of creating a Stroke Center of excellence. The objective is to provide state-of-the-art care to stroke patients. This is reflected in our vision statement as follows:

- The mission of *The Stroke Center at Saint Francis* is to meet the needs of our patients and our community by being the leader in the provision of high-quality, state-of-the-art treatment of stroke.
- We commit to fulfill this mission in an environment of respect, integrity, service,

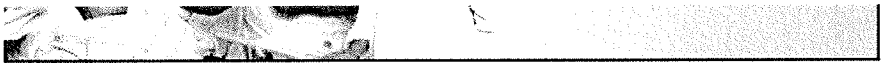
1-877-896-2276

The Stroke Center
at Saint Francis
114 Woodland St
Hartford, Connecticut 06105

Our *Stroke Center* is a comprehensive program that has

Department of Surgery

Hours: 24 hours per day / 7 days per week



Department of Surgery

Saint Francis Hospital and Medical Center is proud to provide a full-range of high-quality surgical programs offering safe and effective treatment for patients who require the expert hands of a surgical specialist.

Surgical Service Line Clinical Staff Award Recipients

Never has there been a more exciting time to be a surgeon at Saint Francis. And never have our patients had access to a higher level of care and caring than they do now with the opening of our new John T. O'Connell Tower.

Completed in 2011, our new Arthur and Mariko Byrne Surgery Pavilion on the third floor of the Tower brings to 32 the number of operating rooms available for all types of surgery, from ambulatory procedures to joint replacement, and from complex vascular care to robotic surgery.

Combined, our surgeons care for almost 20,000 patients in our operating rooms each year, and we want every patient to return home feeling as though his or her surgery was the most important one – because to us, every surgery is the most important one.

Our joint mission of providing the best care for patients, while training professionals of the future inspires us to develop and test best practices that serve as models for today and paradigms for tomorrow.

Access to the latest technology is crucial to advancing this ambitious mission. All of our new operating rooms are fully integrated with digital imaging technology, allowing us to view MRIs, CT scans, angiograms and x-rays in real time, while we are operating. This video and data transmission capability also allows us to beam live video for consultation with other physicians and for teaching others our craft.



David S. Shapiro, M.D., FACS, FCCM
Interim Physician Leader



Maureen Gethings, RN, MSN
Surgery Service Line Executive Director

Saint Francis also is home to two state-of-the-art daVinci SI Robotic Surgery Systems. The daVinci surgical system makes it possible to perform complex surgeries through multiple small incisions, resulting in better outcomes, less pain and shorter recovery times for our patients.

Department of Surgery – Bariatric Surgery

Hours: 24 hours per day / 7 days per week



Surgical and Non-Surgical Weight-Loss Programs

Meet the Staff

Watch Patient Education Video

Learn More About Obesity and Bariatric Surgery

MyCare Patient Portal

Bariatric Surgery and Non-Surgical Weight-Loss

New Main Office Location:
220 Farmington Avenue
Farmington, CT 06032
Ph: 860-714-7128
Fax: 860-714-8076

Map | Bus Route

Weight-loss, with or without surgery

More than one-third of adults in the United States are considered
Shedding those extra pounds can help you to look and feel better.

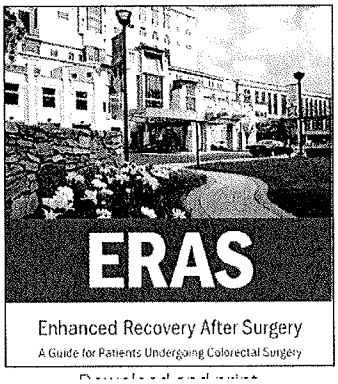
Department of Surgery – Colorectal Surgery

Hours: 24 hours per day / 7 days per week

Colorectal Surgery

The Colon and Rectal Surgery program at Saint Francis is a leader in the treatment of colorectal disease and in teaching physicians who have gone on to practice across the country and around the world. Our surgeons are experts in the surgical and non-surgical treatment of disease of the colon, rectum, anus, and small bowel. Each surgeon is certified by the American Board of Colon and Rectal Surgery and has completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery.

Our surgeons draw patients from across Connecticut and other New England states and perform approximately 600 procedures a year. In addition, the colon and rectal surgeons at Saint Francis have performed more robotic colorectal surgeries than any other hospital team in New England, and rank in the top 10 for volume in the United States – a record of experience that correlates with better results.



Department of Surgery - The Spine Institute

Hours: 24 hours per day / 7 days per week



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Back and Neck Pain
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Expert Spine Surgery and Treatment

The Spine Institute of Connecticut is comprised of a collaborative team of orthopedists, neurosurgeons, nurses, surgical technologists, and a staff of allied health professionals specializing in the diagnosis and treatment of congenital, acute, and chronic spinal disorders.

From minor strains, sprains, and back pains, to more complex spinal issues including herniated discs, scoliosis, degenerative disc, and stenosis, our nationally recognized team of physicians offers the most comprehensive range of treatment options available to meet each patient's unique needs.

Care provided includes collaboration with pain management, physical and occupational therapists for rehabilitation, individualized case management services, and communication with the patient's medical doctor to ensure complete and cost effective care.

Comprehensive Spine Surgery and Treatment

Our goal at *The Spine Institute of Connecticut* is to provide the most comprehensive care for our patients and their families from the moment they arrive, through their discharge and rehabilitation planning.

More detailed information may be obtained by contacting Zina Ruban, Clinical Manager of the Spine Institute, at 800-714-1755.

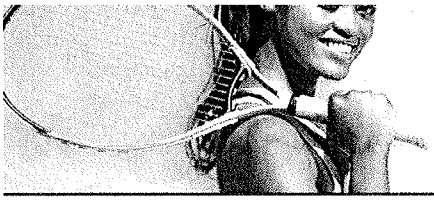
For more information:
860-714-1750

The Spine Institute of Connecticut at Saint Francis

The Spine Institute of Connecticut
at Saint Francis
114 Woodland Street
Hartford, CT 06105
Directions | Parking

Department of Surgery - The Connecticut Sports Medicine

Hours: Monday – Friday by appointment



Connecticut Sports Medicine Institute at Saint Francis

Expert Treatment for Sports Injuries
Meet Our Team
About Sports Injuries
StatCare Conversations: Sports Medicine

Expert Treatment for Sports Injuries

You're athletic. That's good!
But is a sports injury slowing you down?
That could be bad -- and we can help.

You earned that knee sprain, elbow pain, rotator cuff tear, and maybe even a concussion, all by pushing yourself hard.

The sports medicine specialists at The Connecticut Sports Medicine Institute go all the way to help you get back on the field, road, track, mountains, rapids -- wherever your sporting interests drive you.

Whether it's a small sprain or strain; an ACL, PCL, or rotator cuff tear; a joint, muscle, or ligament disorder; or a serious break or injury requiring surgery and rehabilitation, our orthopedic and sports medicine physicians stand **ready, trained, and fully equipped to help you get back in the game.**

We work hard so you can play hard.

Call now for more information or to schedule an appointment.

(860) 714-1500

It's Golf Season!
Don't let injuries slow your game.
Learn how to prevent golf injuries...



Department of Surgery – Orthopedic Surgery

Hours: 24 hours per day / 7 days per week

at Saint Francis

Orthopedic Surgery

Saint Francis Hospital and Medical Center provides a comprehensive array of world class orthopedic services, including general orthopedic surgery, joint replacement, spine care, sports medicine, hand surgery, foot and ankle surgery, and trauma care. Through our affiliate Mount Sinai Rehabilitation Hospital, we provide a broad range of outpatient and inpatient therapy to orthopedic patients.

Orthopedics at Saint Francis includes dedicated operating rooms and a specialized post-surgical nursing unit. We are the largest provider of orthopedic inpatient procedures in the region. Our inpatient service is complemented by a very active outpatient surgery program.

Orthopedics at Saint Francis includes physicians practicing in 11 different groups, with office locations throughout central Connecticut.

For a referral to a Saint Francis orthopedic specialist call 1-877-783-7262.

To find an orthopedic specialist, click here...

Department of Surgery – Minimally invasive Surgery

Hours: 24 hours per day / 7 days per week

Text Size: A A A

Us | Programs & Services | For Patients & Families | Find a Physician | Classes Events | For Health Professionals

A- A+

The Center for Advanced Minimally Invasive Surgery

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One Incision, No Scar



Even at a time when most operations are routinely performed through small incisions, The Center for Advanced Minimally Invasive Surgery at Saint Francis continues to be a leader in developing and testing surgical techniques that offer:

- No scars
- Quicker recovery
- Less pain

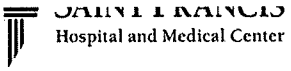


The center's latest innovation is single-incision laparoscopic surgery. Often favored by younger patients or athletes who are concerned about abdominal scarring, this technique uses a single, hidden incision through the belly button to remove organs and repair hernias with excellent clinical and cosmetic results. Added precision has been achieved with the introduction of the daVinci Robotic Surgical System. Single-incision surgery can be used for hernias and conditions of the:

- Gallbladder

Department of Surgery – Neurosurgery

Hours: 24 hours per day / 7 days per week



Sea

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Careers

urgery at Saint
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ariatric (Weight-Loss)
urgery

olorectal Surgery

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ot Surgery

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oint Replacement
urgery

enter for Advanced
inimally Invasive

Neurosurgery

Find A Neurosurgeon


Stephen F Calderon, M.D.


Bruce S Chozick, M.D.


Stephan C Lange, M.D.


Howard Lantner, M.D.


David Spiro, D.O.

Department of Surgery – Oral and Maxillofacial Surgery

Hours: 24 hours per day / 7 days per week

Oral & Maxillofacial Surgery

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Find An Oral Surgeon

Department of Surgery – Plastic and Reconstructive Surgery

Hours: 24 hours per day / 7 days per week



Surgery

Plastic & Reconstructive Surgery

Our Plastic and Reconstructive Surgery Team at Saint Francis Hospital and Medical Center is dedicated to addressing your needs and concerns in a safe, caring environment.

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Surgery
nd

Drs. Sam Buonocore and Leo Otake know that every patient is unique. They'll take the time to understand your concerns and expectations, to counsel you on the most appropriate procedures for your situation, then follow through with safe, skillful treatment. Whether it's cosmetic surgery to refine or restore your appearance, or procedures that can restore function to hand, arm, or leg following an injury or illness, our team is ready to bring you the best care for your needs.

Request an appointment, or call with questions: 860-714-5237.

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We're ready to provide the care you need for the life you want.

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Department of Surgery – Trauma and Acute Care Surgery

Hours: 24 hours per day / 7 days per week

Trauma and Acute Care Surgery

Saving Lives...

Nobody plans to visit the trauma center or the intensive care unit. But when an unexpected life-threatening or life-changing illness or injury strikes, the experts at Saint Francis are ready.

Our Trauma Service responds to almost 2,000 emergency cases a year, with the majority of injuries resulting from falls, motor vehicle accidents, knife, gun, and assault violence.



Once patients are stabilized, their care is frequently transferred to our Medical/Surgical Intensive Care Unit (MSICU), where our team of surgical critical care specialists offers the highest level of life-saving services for patients suffering from life-threatening conditions including:

- Critical injury
- Cardiac arrest
- Sepsis
- Traumatic brain injury
- Spine injury
- Brain aneurysm
- Necrotizing fasciitis (flesh-eating bacteria)

Trauma

- In a life-threatening emergency
- Violence and Injury Prevention

Critical Care

- Caring for the critical patient
- Who will care for me or my loved one?

Department of Surgery – Vascular and Endovascular Surgery

Hours: 24 hours per day / 7 days per week

Vascular and Endovascular Surgery

A Team of Experts

At the Hoffman Heart and Vascular Institute of Connecticut, a team of specialists with extensive experience in vascular surgery, interventional radiology, cardiology and cardiac surgery provides patients a continuum of care. Even our new hybrid operating room is specially designed to give patients and referring physicians access to a comprehensive system, including the advanced technology of minimally invasive catheter-based intervention, and surgical treatment for aneurysms and obstructive arterial disease.

A Dedicated "Hybrid" Operating Room



It looks more like a radiology suite than a standard operating room, with its image intensifier and high definition monitors. In terms of size, it is almost twice as large as other operating rooms at Saint Francis. It is a new breed of operating room – the "hybrid" O.R.

"The concept of a hybrid operating room combines conventional operating room technology with sophisticated radiologic imaging similar to what we would have in an interventional radiology suite. By merging these two technologies, we can do both sophisticated endovascular as well as open procedures in a single room," said Saint Francis vascular surgeon Eugene Sullivan, M.D.

The room can be used for the placement of stents in the carotid and renal arteries and leg angioplasties. Surgeons can view real-time, angiographic digital images as they operate. Previously, many of these procedures were performed in an interventional radiology suite, which lacked the complementary features of an operating room. When an operating room was required, portable x-ray equipment had to be brought in to provide imaging to guide the surgeon.

"The image quality is tremendously improved, and the amount of radiation exposure in the room is greatly reduced thanks to additional lead shielding," Dr. Sullivan said.

The hybrid operating room has also changed the way surgeons treat some patients, sometimes allowing diagnostic and curative procedures to be performed in a single session. For example, a patient with a blockage in a leg artery might now undergo a diagnostic angiogram in the hybrid operating room, and then be treated with a minimally invasive balloon or stent procedure or, if necessary, a traditional open incision, all in the same session.

Violence and Injury Prevention Program

Hours: Monday – Friday 8:30 a.m. – 5 p.m. and by appointment

Careers

- Violence and Injury Prevention Program Home
- Child Abuse and Domestic Violence Resources
- Kids In Safety Seats (KISS) - CT
- Let's Not Meet By Accident
- Mock Trauma Slide Show
- Bike Helmet Education & Distribution Program
- Elderly Fall Prevention
- School Bus Safety
- Fireworks Safety Tips

Violence and Injury Prevention Program

March Into Safety: It Starts With You!

A Child Passenger and Highway Safety Priorities Conference

When: March 29, 2016, 8:00am - 4:30pm

Where: Saint Francis Hospital and Medical Center
114 Woodland Street, Hartford, CT

Fee: $25
CEU's & Post Credits available

A key feature of this conference will be the opportunity to interact with manufacturers and get hands on experience with car seats you may not get to see every day!
Topics include: Automotive Technology; Tire Safety on the Road: Consumer Reports; A Parent's Perspective on Safety Panel; MVC Simulations and the ABC's of Care; SKYPE Session with Car Seat Manufacturers; Child Passenger Safety in Ambulances; Recertification & Safety Champion Awards

Women's Services – Comprehensive Women's Health Center

Hours: Monday – Friday 7:30 a.m. – 5 p.m. and by appointment



The Comprehensive Women's Health Center
at Saint Francis

Expert Care. Caring Experts.

- Comprehensive men's Health ter at Saint Francis
- ı a Women's Health ⁄ider
- Hoffman Breast ılth Center
- Women's Heart ıram
- Gynecology Center
- Center for ıgrative Medicine

Women's Health Care for Central Connecticut

Four Centers Dedicated to Women's Health, Served from One Location

Saint Francis Hospital and Medical Center introduces The Comprehensive Women's Health Center at Saint Francis, a new dimension of healthcare for women in our region. This brand new 24,500 square-foot facility is designed to provide a comfortable and inviting place for women to receive coordinated healthcare across a range of specialties: Breast Health, Heart Health, Gynecology, and Integrative Medicine.

Expert Care. Caring Experts.

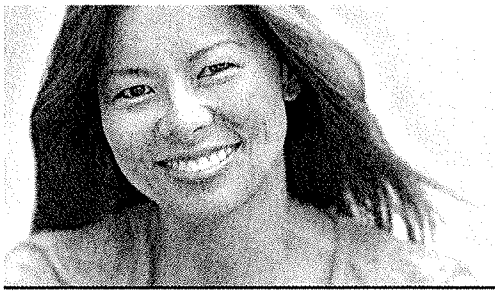
With its focus on disease prevention, risk assessments, and wellness, the Comprehensive Women's Health Center demonstrates the ongoing commitment of Saint Francis to integrated, coordinated healthcare for women. Patients benefit from

2016
WOMEN'S CHOICE AWARD®
AMERICA'S BEST BREAST CENTERS

Same-Day Results
HARTFORD
Comprehensive Women's Health Center

Women's Services – Hoffman Breast Health Center

Hours: Monday – Friday 7:30 a.m. – 5 p.m. and by appointment



Hoffman Breast Health Center
at Saint Francis

Hoffman Breast Health Center
Breast Health Center Team
About Us
Schedule a Mammogram
Directions
Screening and Prevention
Living Healthy
Lumps, Bumps, and Other Concerns
Understanding Your

When less waiting means less worrying...

Every woman who has ever had a mammogram knows that, while the procedure itself can be uncomfortable, **waiting for the results is the hardest part.**

That's why at Saint Francis we never make you wait.

NAP
NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

Accredited by the National Accreditation Program for Breast Centers.
Learn more...

Same-day mammogram results are just one reason to choose Saint Francis. If there's a suspicious finding, you're concerned about changes in your breasts, or if you're worried about a strong family history of breast cancer, we're here to help. Our surgeons and clinical staff are available for follow-up consultations, and to provide ongoing and preventive care.

As experts in treating benign breast disease we remind our patients that 80 percent of all breast lumps are not cancerous. We closely follow women with a family history of breast cancer to ensure that, if genetics do catch up,

2016
WOMEN'S CHOICE AWARD®
AMERICA'S BEST BREAST CENTERS

Same-Day Results
HARTFORD
Comprehensive Women's Health Center
114 Woodland Street, Hartford, CT
(860) 714-6970

Select a date

Women's Services – Neonatal Intensive Care Unit

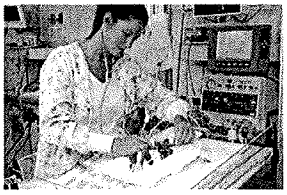
Hours: 24 hours/day, 7 days /week

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Beginnings Family
Care
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The Hema DeSilva Neonatal Intensive Care Unit

The birth of a premature or ill baby presents serious challenges for new parents. We're here to help your baby and you through those earliest days.



The Saint Francis NICU is the home of compassionate, comprehensive, and leading-edge intensive care for your newborn. We maintain a warm, nurturing, and healing environment that supports each baby's early development, and includes parents in every aspect of day-to-day care.

At the Saint Francis NICU, parents are key members of each baby's health care team.

Our NICU team will work together with you to develop a plan of care for your baby. We'll ask you to participate in daily medical and nursing rounds. And, of course, you'll hold, cuddle, and, if you choose, breast feed your baby while you're here, to promote bonding and restful sleep, and to keep you in close touch during those important early days.

We'll help you to develop the confidence and skills you'll need to care for your baby when it's time to go home.

A Team of Neonatal Intensive Care Experts

Our NICU team is available for around-the-clock care, and includes

Women's Services – Women and Infants, Maternity (New Beginnings)

Hours: 24 hours/day, 7 days/week

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New Beginnings Family Birth Care

At Saint Francis Hospital and Medical Center, we believe that birth is one of the most joyous and exciting times that a family will share. Our goal is to do all that we can to ensure that the birth experience reflects the needs and desires of every mother and family.

New Beginnings Family Birth Care offers innovative, state-of-the-art care in a comfortable, nurturing, family friendly environment. The New Beginnings model provides a unique birthing experience for each mother and her family. The center offers:

- 14 labor/delivery/recovery rooms
- 30 postpartum beds
- 26-bassinet well-baby nursery
- 28-bassinet Level III Neonatal Intensive Care Unit
- 2 Cesarean section delivery rooms
- State-of-the-art antepartum diagnostic center

The experienced staff works to create a positive and supportive environment. Among the features of the Saint Francis birth experience:

- Fathers or other support persons are invited to share in the labor experience
- Unlimited visiting for partners
- Sibling visiting in the postpartum rooms
- Rooming in for newborns

IBCLC Care Award
Sponsored by IBLCE & ILCA

The International Board of Lactation Consultant Examiners® (IBLCE®) and International Lactation Consultant Association® (ILCA®) have recognized Saint Francis for excellence in lactation care. Learn more...

Search for a Childbirth Education Class

- Breastfeeding Class
- Breastfeeding Support Group
- Classic Beginnings
- E-Beginnings

Wound Healing Care

Hours: Monday – Friday 7:30 a.m. – 4 p.m.



and Hyperbaric Medicine at Saint Francis

Center for Advanced Wound Healing and Hyperbaric Medicine
Our Services ▶
Appointment and Referrals
For Physicians ▶
Meet Our Team
Directions and Map
Related Saint Francis Services ▶

Advanced Wound Healing Care

The Center for Advanced Wound Healing and Hyperbaric Medicine at Saint Francis provides specialized, state-of-the-art treatment for patients with acute, chronic and complex wounds. Our team of physicians and allied health professionals has advanced training and accreditation in wound care as well as extensive clinical expertise in wound management. The *Center* treats patients with virtually every type of wound including:

- Venous and arterial leg ulcers
- Diabetic foot wounds
- Pressure ulcers (decubitus ulcers, bed sores)
- Traumatic wounds
- Non-healing surgical wounds
- Burns
- Other acute and chronic wounds

(860) 714-3010

Monday through Friday
7:30AM - 4PM

The Center for Advanced Wound Healing and Hyperbaric Medicine at Saint Francis
500 Blue Hills Avenue
Hartford, Connecticut 06112
(860) 714-3010
Fax: (860) 714-8592

Accredited by *The Undersea and Hyperbaric Medical Society*

Attachment 2

SECTION C
FACILITIES AND SERVICES
Definitions

Owned/provided by the hospital or its subsidiary. All patient revenues, expenses and utilization related to the provision of the service are reflected in the hospital's statistics reported elsewhere in this survey.

Provided by my Health System (in my local community). Another health care provider in the same system as your hospital provides the service and patient revenue, expenses, and utilization related to the provision of the service are recorded at the point where the service was provided and would not be reflected in your hospital's statistics reported elsewhere in this survey. (A system is a corporate body that owns, leases, religiously sponsors and/or manages health providers)

Provided through a formal contractual arrangement or joint venture with another provider that is not in my system. All patient revenues and utilization related to the provision of the service are recorded at the site where the service was provided and would not be reflected in your hospital statistics reported elsewhere in this survey. (A joint venture is a contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.)

1. **General medical-surgical care.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
2. **Pediatric medical-surgical care.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
3. **Obstetrics.** For service owned or provided by the hospital, level should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.
4. **Medical surgical intensive care.** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who because of shock, trauma or other life-threatening conditions require intensified comprehensive observation and care. Includes mixed intensive care units.
5. **Cardiac intensive care.** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
6. **Neonatal intensive care.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
7. **Neonatal intermediate care.** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
8. **Pediatric intensive care.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
9. **Burn care.** Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children: (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
10. **Other special care.** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down or progressive care units.
11. **Other intensive care.** A specially staffed, specialty equipped, separate section of a hospital dedicated to the observation, care, and treatment of patients with life threatening illnesses, injuries, or complications from which recovery is possible. It provides special expertise and facilities for the support of vital function and utilizes the skill of medical nursing and other staff experienced in the management of these problems.
12. **Physical rehabilitation.** Provides care encompassing a comprehensive array of restoration services for people with disabilities and all support services necessary to help patients attain their maximum functional capacity.
13. **Alcoholism-drug abuse or dependency care.** Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
14. **Psychiatric care.** Provides acute or long-term care to patients with mental or emotional disorders, including patients admitted for diagnosis and those admitted for treatment of psychiatric disorders, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to persons with chronic/severe mental illness.
15. **Skilled nursing care.** Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis.
16. **Intermediate nursing care.** Provides health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and support services.
17. **Acute long-term care.** Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24-hour/7 day a week basis.
18. **Other long-term care.** Provision of long-term care other than skilled nursing care or intermediate care for those who do not require daily medical or nursing services, but may requires some assistance in the activities of daily living. This can include residential care, elderly care, or care facilities for those with developmental or intellectual disabilities.
19. **Other care.** (specify) Any type of care other than those listed above.
    The sum of the beds reported in Section C 1-19 should equal what you have reported in Section D(1b) for beds set up and staffed.
20. **Adult day care program.** Program providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
21. **Airborne infection isolation room.** A single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing and inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration.
22. **Alcoholism-drug abuse or dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.

23. **Alzheimer center.** Facility that offers care to persons with Alzheimer's disease and their families through an integrated program of clinical services, research, and education.
24. **Ambulance services.** Provision of ambulance service to the ill and injured who require medical attention on a scheduled and unscheduled basis.
25. **Ambulatory surgery center.** Facility that provides care to patients requiring surgery that are admitted and discharged on the same day. Ambulatory surgery centers are distinct from same day surgical units within the hospital outpatient departments for purposes of Medicare payment.
26. **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
27. **Assisted living.** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends.
28. **Auxiliary.** A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.
29. **Bariatric/weight control services.** The medical practice of weight reduction.
30. **Birthing room/LDR room/LDRP room.** A single-room type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
31. **Blood donor center.** A facility that performs, or is responsible for the collection, processing, testing or distribution of blood and components.
32. **Breast cancer screening/mammograms.** Mammography screening - The use of breast x-ray to detect unsuspected breast cancer in asymptomatic women. Diagnostic mammography - The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
33. **Cardiology and cardiac surgery services.** Services which include the diagnosis and treatment of diseases and disorders involving the heart and circulatory system.
    a-b. **Cardiology services.** An organized clinical service offering diagnostic and interventional procedures to manage the full range of heart conditions.
    c-d. **Diagnostic catheterization.** (also called coronary angiography or coronary arteriography) is used to assist in diagnosing complex heart conditions. Cardiac angiography involves the insertion of a tiny catheter into the artery in the groin then carefully threading the catheter up into the aorta where the coronary arteries originate. Once the catheter is in place, a dye is injected which allows the cardiologist to see the size, shape, and distribution of the coronary arteries. These images are used to diagnose heart disease and to determine, among other things, whether or not surgery is indicated.
    e-f. **Interventional cardiac catheterization.** Nonsurgical procedure that utilizes the same basic principles as diagnostic catheterization and then uses advanced techniques to improve the heart's function. It can be a less invasive alternative to heart surgery.
    g-h. **Cardiac surgery.** Includes minimally invasive procedures that include surgery done with only a small incision or no incision at all, such as through a laparoscope or an endoscope and more invasive major surgical procedures that include open chest and open heart surgery.
    i-j. **Cardiac electrophysiology.** Evaluation and management of patients with complex rhythm or conduction abnormalities, including diagnostic testing, treatment of arrhythmias by catheter ablation or drug therapy, and pacemaker/defibrillator implantation and follow-up.
    k. **Cardiac rehabilitation.** A medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce risk of another cardiac event or to keep an already present heart condition from getting worse. Cardiac rehabilitation programs include: counseling to patients, an exercise program, helping patients modify risk factors such as smoking and high blood pressure, providing vocational guidance to enable the patient to return to work, supplying information on physical limitations and lending emotional support.
34. **Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.
35. **Chaplaincy/pastoral care services.** A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
36. **Chemotherapy.** An organized program for the treatment of cancer by the use of drugs or chemicals.
37. **Children's wellness program.** A program that encourages improved health status and a healthful lifestyle of children through health education, exercise, nutrition and health promotion.
38. **Chiropractic services.** An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
39. **Community outreach.** A program that systematically interacts with the community to identify those in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
40. **Complementary and alternative medicine services.** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and lifestyle changes, herbal medicine, massage therapy, etc.
41. **Computer assisted orthopedic surgery (CAOS).** Orthopedic surgery using computer technology, enabling three-dimensional graphic models to visualize a patient's anatomy.
42. **Crisis prevention.** Services provided in order to promote physical and mental wellbeing and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
43. **Dental Services.** An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
44. **Emergency services.** Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.
    a-b. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
    c. **Satellite Emergency Department.** A facility owned and operated by the hospital but physically separate from the hospital for the provision of unscheduled outpatient services to patients whose conditions require immediate care. A freestanding ED is not physically connected to a hospital, but has all necessary emergency staffing and equipment on-site.
    e. **Trauma center (certified).** A facility to provide emergency and specialized intensive care to critically ill and injured patients. For service owned or provided by the hospital, please specify trauma level. Level 1: A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. Level 2: A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. Level 3: A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. Please provide explanation on page 13 if necessary.
45. **Enabling services.** A program that is designed to help the patient access health care services by offering any of the following: transportation services and/or referrals to local social services agencies.

46. **Endoscopic services.**
    a. **Optical colonoscopy.** An examination of the interior of the colon using a long, flexible, lighted tube with a small built-in camera.
    b. **Endoscopic ultrasound.** Specially designed endoscope that incorporates an ultrasound transducer used to obtain detailed images of organs in the chest and abdomen. The endoscope can be passed through the mouth or the anus. When combined with needle biopsy the procedure can assist in diagnosis of disease and staging of cancer.
    c. **Ablation of Barrett's esophagus.** Premalignant condition that can lead to adenocarcinoma of the esophagus. The nonsurgical ablation of premalignant tissue in Barrett's esophagus by the application of thermal energy or light through an endoscope passed from the mouth into the esophagus.
    d. **Esophageal impedance study.** A test in which a catheter is placed through the nose into the esophagus to measure whether gas or liquids are passing from the stomach into the esophagus and causing symptoms.
    e. **Endoscopic retrograde cholangiopancreatography (ERCP).** A procedure in which a catheter is introduced through an endoscope into the bile ducts and pancreatic ducts. Injection of contrast material permits detailed x-ray of these structures. The procedure is used diagnostically as well as therapeutically to relieve obstruction or remove stones.
47. **Enrollment (insurance) assistance services.** A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency.
48. **Extracorporeal shock wave lithotripter (ESWL).** A medical device used for treating stones in the kidney or urethra. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.
49. **Fertility clinic.** A specialized program set in an infertility center that provides counseling and education as well as advanced reproductive techniques such as: injectable therapy, reproductive surgeries, treatment for endometriosis, male factor infertility, tubal reversals, in vitro fertilization (IVF), donor eggs, and other such services to help patients achieve successful pregnancies.
50. **Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
51. **Freestanding outpatient care center.** A facility owned and operated by the hospital, that is physically separate from the hospital and provides various medical treatments and diagnostic services on an outpatient basis only. Laboratory and radiology services are usually available.
52. **Geriatric services.** The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include: Adult day care; Alzheimer's diagnostic-assessment services; Comprehensive geriatric assessment; Emergency response system; Geriatric acute care unit; and/or Geriatric clinics.
53. **Health fair.** Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
54. **Community health education.** Education that provides health information to individuals and populations as well as support for personal, family and community health decisions with the objective of improving health status.
55. **Genetic testing/counseling.** A service equipped with adequate laboratory facilities and directed by a qualified physician to advise patients on potential genetic diagnosis of vulnerabilities to inherited diseases. A genetic test is the analysis of human DNA, RNA, chromosomes, proteins, and certain metabolites in order to detect heritable disease-related genotypes, mutations, phenotypes, or karyotypes for clinical purposes. Genetic tests can have diverse purposes, including the diagnosis of genetic diseases in newborns, children, and adults; the identification of future health risks; the prediction of drug responses; and the assessment of risks to future children.
56. **Health screening.** A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.
57. **Health research.** Organized hospital research program in any of the following areas: basic research, clinical research, community health research, and/or research on innovative health care delivery.
58. **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
59. **HIV/AIDS services.** Diagnosis, treatment, continuing care planning, and counseling services for HIV/AIDS patients and their families. Could include: HIV/AIDS unit, special unit or designated team, general inpatient care, or specialized outpatient program.
60. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
61. **Hospice.** A program providing palliative care, chiefly medical relief of pain and supportive services, addressing the emotional, social, financial, and legal needs of terminally ill patients and their families. Care can be provided in a variety of settings, both inpatient and at home.
62. **Hospital-based outpatient care center-services.** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral.
63. **Immunization program.** Program that plans, coordinates and conducts immunization services in the community.
64. **Indigent care clinic.** Health care services for uninsured and underinsured persons where care is free of charge or charged on a sliding scale. This would include "free clinics" staffed by volunteer practitioners, but could also be staffed by employees with the sponsoring health care organization subsidizing the cost of service.
65. **Linguistic/translation services.** Services provided by the hospital designed to make health care more accessible to non-English speaking patients and their physicians.
66. **Meals on wheels.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
67. **Mobile health services.** Vans and other vehicles used for delivery to primary care services.
68. **Neurological services.** Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous systems.
69. **Nutrition programs.** Services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
70. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
71. **Oncology services.** Inpatient and outpatient services for patients with cancer, including comprehensive care, support and guidance in addition to patient education and prevention, chemotherapy, counseling and other treatment methods.
72. **Orthopedic services.** Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
73. **Outpatient surgery.** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.
74. **Pain management program.** A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from acute illnesses of diverse causes.
75. **Palliative care program.** An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such as counseling on advanced directives, spiritual care, and social services, to patients with advanced diseases and their families.

76. **Palliative care inpatient unit.** An inpatient palliative care ward is a physically discreet, inpatient nursing unit where the focus is palliative care. The patient care focus is on symptom relief for complex patients who may be continuing to undergo primary treatment. Care is delivered by palliative medicine specialists.

77. **Patient controlled analgesia (PCA).** Intravenously administered pain medicine under the patient's control. The patient has a button on the end of a cord than can be pushed at will, whenever more pain medicine is desired. This button will only deliver more pain medicine at predetermined intervals, as programmed by the doctor's order.

78. **Patient education center.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self-care.

79. **Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high quality care and services.

80. **Physical rehabilitation services.** Program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
    a. **Assistive technology center.** A program providing access to specialized hardware and software with adaptations allowing individuals greater independence with mobility, dexterity, or increased communication options.
    b. **Electrodiagnostic services.** Diagnostic testing services for nerve and muscle function such as nerve conduction studies and needle electromyography.
    c. **Physical rehabilitation outpatient services.** Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help people with disabilities attain or retain their maximum functional capacity.
    d. **Prosthetic and orthotic services.** Services providing comprehensive prosthetic and orthotic evaluation, fitting, and training.
    e. **Robot-assisted walking therapy.** A form of physical therapy that uses a robotic device to assist patients who are relearning how to walk.
    f. **Simulated rehabilitation environment.** Rehabilitation focused on retraining functional skills in a contextually appropriate environment (simulated home and community settings) or in a traditional setting (gymnasium) using motor learning principles.

81. **Primary care department.** A unit or clinic within the hospital that provides primary care services (e.g., general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.

82. **Psychiatric services.** Services provided by the hospital that offer immediate initial evaluation and treatment to patients with mental or emotional disorders.
    a. **Psychiatric child-adolescent services.** Provides care to children and adolescents with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment.
    b. **Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.
    c. **Psychiatric education services.** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.
    d. **Psychiatric emergency services.** Services of facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress.
    e. **Psychiatric geriatric services.** Provides care to elderly patients with mental or emotional disorders, including those admitted for diagnosis and those admitted for treatment.
    f. **Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
    g. **Psychiatric partial hospitalization program.** Organized hospital services providing intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.
    h. **Psychiatric residential treatment.** Overnight psychiatric care in conjunction with an intensive treatment program in a setting other than a hospital.

83. **Radiology, diagnostic.** The branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnoses and therapeutic procedures using radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiation emitted by x-ray tubes, radionuclides, and ultrasonographic devices and the radiofrequency electromagnetic radiation emitted by atoms.
    a. **CT Scanner.** Computed tomographic scanner for head or whole body scans.
    b. **Diagnostic radioisotope facility.** The use of radioactive isotopes (Radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease.
    c. **Electron beam computed tomography (EBCT).** A high tech computed tomography scan used to detect coronary artery disease by measuring coronary calcifications. This imaging procedure uses electron beams which are magnetically steered to produce a visual of the coronary artery and the images are produced faster than conventional CT scans.
    d. **Full-field digital mammography (FFDM).** Combines the x-ray generators and tubes used in analog screen-film mammography (SFM) with a detector plate that converts the x-rays into a digital signal.
    e. **Magnetic resonance imaging (MRI).** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances or high-frequency sound.
    f. **Intraoperative magnetic resonance imaging.** An integrated surgery system which provides an MRI system in an operating room. The system allows for immediate evaluation of the degree to tumor resection while the patient is undergoing a surgical resection. Intraoperative MRI exists when a MRI (low-field or high-field) is placed in the operating theater and is used during surgical resection without moving the patient from the operating room to the diagnostic imaging suite.
    g. **Magnetoencephalography (MEG).** A noninvasive neurophysiological measurement tool used to study magnetic fields generated by neuronal activity of the brain. MEG provides direct information about the dynamics of evoked and spontaneous neural activity and its location in the brain. The primary uses of MEG include assisting surgeons in localizing the source of epilepsy, sensory mapping, and the study of brain function. When it is combined with structural imaging, it is known as *magnetic source imaging* (MSI).
    h. **Multi-slice spiral computed tomography (<64+slice CT).** A specialized computed tomography procedure that provides three-dimensional processing and allows narrower and multiple slices with increased spatial resolution and faster scanning times as compared to a regular computed tomography scan.
    i. **Multi-slice spiral computed tomography (64+ slice CT).** Involves the acquisition of volumetric tomographic x-ray absorption data expressed in Hounsfield units using multiple rows of detectors. 64+ systems reconstruct the equivalent of 64 or more slices to cover the imaged volume.
    j. **Positron emission tomography (PET).** A nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy.
    k. **Positron emission tomography/CT (PET/CT).** Provides metabolic functional information for the monitoring of chemotherapy, radiotherapy and surgical planning.
    l. **Single photon emission computerized tomography (SPECT).** A nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a clearer and more precise image.

m. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.

84. **Radiology, therapeutic.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include: megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.
    a. **Image-guided radiation therapy (IGRT).** Automated system for image-guided radiation therapy that enables clinicians to obtain high-resolution x-ray images to pinpoint tumor sites, adjust patient positioning when necessary, and complete a treatment, all within the standard treatment time slot, allowing for more effective cancer treatments.
    b. **Intensity-Modulated Radiation Therapy (IMRT).** A type of three-dimensional radiation therapy which improves treatment delivery by targeting a tumor in a way that is likely to decrease damage to normal tissues and allows for varying intensities.
    c. **Proton beam therapy.** A form of radiation therapy which administers proton beams. While producing the same biologic effects as x-ray beams, the energy distribution of protons differs from conventional x-ray beams: proton beams can be more precisely focused in tissue volumes in a three-dimensional pattern, resulting in less surrounding tissue damage than conventional radiation therapy, permitting administration of higher doses.
    d. **Shaped beam radiation system.** A precise, noninvasive treatment that involves targeted beams of radiation that mirror the exact size and shape of a tumor at a specific area to shrink or destroy cancerous cells. This procedure delivers a therapeutic dose of radiation that conforms precisely to the shape of the tumor, thus minimizing the risk to nearby tissues.
    e. **Stereotactic radiosurgery.** A radiotherapy modality that delivers a high dosage of radiation to a discrete treatment area in as few as one treatment session. Includes Gamma Knife, Cyberknife, etc.
85. **Retirement housing.** A facility that provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long-term care through affiliated institutions.
86. **Robotic surgery.** The use of mechanical guidance devices to remotely manipulate surgical instrumentation.
87. **Rural health clinic.** A clinic located in a rural, medically under-served area in the United States that has a separate reimbursement structure from the standard medical office under the Medicare and Medicaid programs.
88. **Sleep center.** Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
89. **Social work services.** Could include: organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
90. **Sports medicine.** Provision of diagnostic screening, assessment, clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
91. **Support groups.** A hospital sponsored program that allows a group of individuals with common experiences or issues who meet periodically to share experiences, problems, and solutions in order to support each other.
92. **Swing bed services.** A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, not have a 24-hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.
93. **Teen outreach services.** A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
94. **Tobacco treatment/cessation program.** Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
95. **Transplant services.** The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another, to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow transplant; heart, lung, kidney, intestine, or tissue transplant. Please include heart/lung or other multi-transplant surgeries in 'other'.
96. **Transportation to health facilities.** A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or people with disabilities; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
97. **Urgent care center.** A facility that provides care and treatment for problems that are not life threatening but require attention over the short term.
98. **Virtual colonoscopy.** Noninvasive screening procedure used to visualize, analyze and detect cancerous or potentially cancerous polyps in the colon.
99. **Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution.
100. **Women's health center/services.** An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB.
101. **Wound management services.** Services for patients with chronic wounds and nonhealing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. The goals are to progress chronic wounds through stages of healing, reduce and eliminate infections, increase physical function to minimize complications from current wounds and prevent future chronic wounds. Wound management services are provided on an inpatient or outpatient basis, depending on the intensity of service needed.
102a. **Physician arrangements.** An integrated healthcare delivery program implementing physician compensation and incentive systems for managed care services.
    a. **Independent practice association (IPA).** A legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-service or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts.
    b. **Group practice without walls.** Hospital sponsors the formation of, or provides capital to physicians to establish, a "quasi" group to share administrative expenses while remaining independent practitioners.
    c. **Open physician-hospital organization (PHO).** A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.
    d. **Closed physician-hospital organization (PHO).** A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
    e. **Management services organization (MSO).** A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.
    f. **Integrated salary model.** Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.
    g. **Equity model.** Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.

h. **Foundation.** A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.

102b. Of all physician arrangements listed in question 102a (a-l), indicate the total number of physicians (count each physician only once) that are engaged in an arrangement with your hospital that allows for joint contracting with payors or shared responsibility for financial risk or clinical performance between the hospital and physician (arrangement may be at the hospital, system or network level). *Joint contracting* does not include contracting between physicians participating in an independent practice.

103. **Joint venture.** A contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the venture's purpose.

104a. **Accountable Care Organization (ACO) Contract.** An ACO contract has two essential elements: (1) accountability for the total costs of care for the population of patients attributed to the primary care physicians in the organization; (2) financial incentives that link the magnitude of bonus payments to performance on quality measures (which could include technical quality, patient experience and/or health outcome measures) This will generally involve a contract where the payor establishes a target budget for one or more years for the total costs of care for the agreed-upon patient population, the payor tracks actual spending and performance on quality; and the provider receives bonus payments that could include a share of savings that are (or are not) contingent on meeting quality targets, with (or without) additional bonuses related to performance on those quality measures.

105. **Patient-Centered Medical Home.** The medical home concept refers to the provision of comprehensive primary care services that facilitates communication and shared decision-making between the patient, his/her primary care providers, other providers, and the patient's family.

106. **Bundling.** Bundling is a payment mechanism whereby a provider entity receives a single payment for services provided across one or parts of the care continuum. For example, an entity might receive a single payment for the hospital and physician services provided as part of an inpatient stay or might receive a single payment for the post-acute care services involved in a single episode of care. The entity then has responsibility for compensating each of the individual providers involved in the episode of care.

109. **Capitation.** An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollees in the capitated plan. The fixed amount is specified within contractual agreements between the payor and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollees' adjustment factors such as age, sex, and family size.

110. **Shared risk payments.** A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets.

114. **Quality/Safety Survey.** Examples of a patient safety culture survey are the Safety Attitudes Questionnaire and the AHRQ Hospital Survey on Patient Safety Culture. Impromptu surveys of only certain staff or units, and other narrowly based initiatives do not qualify as quality/safety surveys for the purpose of this question.

Attachment 3

Attachment 3

Preliminary Capital Investment Plan for Saint Francis *Care* , Inc. (Revised as of 5/15 for actual expenditures through 4/30/2016)

Dollars in Thousands

	(a)	(b)	(C)	(d)			
	Five Year Total	2016 YTD Capital	FY 2017 Budget	FY 2018 Budget	FY 2019 Budget	FY 2020 Budget	Estimated Five Year Capital Spend
Preliminary capital expenditures summary							
Investment in facilities, medical and non-medical equipment and technology	$ 184,000	$ 22,327	$ 33,835	$ 25,000	$ 25,000	$ 25,000	$ 131,162
Capital leases associated with Epic and other	4,500	1,028	1,300				2,328
Facility & program improvements for various service lines (e.g., CJRI, Rehab)	5,000		3,000	1,000	1,000		5,000
Expansion/renovations of clinical facilities	10,000		1,500	15,000			16,500
Physician acquisitions/ambulatory network development	23,500		3,200	2,500	2,500	2,500	10,700
Unspecified; to be allocated based on organizional priorities each year	48,000	20,015		5,000	5,000	5,000	35,015
							-
Adjustments to preliminary capital expenditure summary:							-
Reallocation to Johnson Memorial - part of strategic growth of RHM			3,000	3,000	1,500	1,500	9,000
Reallocation to Saint Mary's-part of strategic growth of RHM (contingent upon CON approval)			20,000	20,000	20,000	20,000	80,000
Total estimated annual capital expenditures	$ 275,000	$ 43,370	$ 65,835	$ 71,500	$ 55,000	$ 54,000	$ 289,705

(a) Preliminary plan for capital commitment as noted on page 635 of CON.

(b) Capital expenditures 10/1/2015-4/30/2016 see detail at Attachment 3a (SFHMC and Johnson)

(C) FY 2017 Preliminary budget for Saint Francis $42.8 M and Johnson $3.0 as of May 15th pending TH approval. St Mary's capital contingent upon approval of CON.

(d) Amounts are very preliminary based on evolving RHM strategy and expected investment necessary for Saint Francis facilities and equipment, etc.

Note: $20,015 was investment in Johnson Memorial Hospital which closed on 1/1/2016

Attachment 3a

ATTACHMENT A
Saint Francis Hospital and Medical Center
Status of FY 2016 Capital Expenditure Plan
Summary of Plan and Expenditures: 10/1/2015-1/31/2016

Attachment 3a

Updated Capital Expenditure Summary 10/1/2015-4/30/2016

Entity	Service Line	Project Description	Budget	Actual Through April 30 , 2016	Estimated Time Of Completion
Saint Francis Hospital and Medical Center	Facilities	Trinity Signage Branding	$ 627,000	$ -	summer 2016
Saint Francis Hospital and Medical Center	Women and Infants	Women and Infants Build Out Addition to Women's Center	1,000,000	237,295	04/11/2016
Saint Francis Hospital and Medical Center	Facilities	Collins Parking Garage Repairs	750,000	612,007	complete
Saint Francis Hospital and Medical Center	Business Development	Various Construction Projects*	1,000,000	-	TBD
Saint Francis Hospital and Medical Center	Cardiovascular	Cath Lab Renovation and Replacement FY16	1,500,000	-	6/30/2016
Saint Francis Hospital and Medical Center	Facilities	Renovation General - Office Renovations	2,000,000	90,309	On hold
Saint Francis Hospital and Medical Center	Facilities	Renovation General - Burgdorf Renovation	800,000	69,276	6/30-9/30
Saint Francis Hospital and Medical Center	Facilities: Engineering	Medical Office Building Renovations	500,000	37,171	6/30/2016
Saint Francis Hospital and Medical Center	Information Technology	Infrastructure Movement and Replacement of Data Center	6,000,000	1,791,372	9/30/2016
Saint Francis Hospital and Medical Center	Administration	Contingency FY16 Major Items	1,220,229	-	6/30/2016
Mount Sinai Hospital	Physical Medicine and Rehabilitation	Vision Center Renovation - Replace Back Center	975,550	-	TBD
Mount Sinai Hospital	Physical Medicine and Rehabilitation	Replace 800K Absorber	520,000	-	05/30/2016
Saint Francis Medical Group	SFMG	Renovation for Rheumatology Bariatrics and Endocrine	1,500,000	(15,813)	TBD
Saint Francis Hospital and Medical Center	CJRI	CJRI TWO O.R.s	1,583,500	1,552,055	Complete
Saint Francis Hospital and Medical Center	Information Technology	Epic Ambulatory Implementation	5,164,190	2,536,107	
		Total of projects budgeted over $500,000 FY2016	**$ 25,140,469**	**$ 6,909,779**	
Saint Francis Hospital and Medical Center	Strategic Investments	Acquisition of Johnson Memorial**	$ 20,015,000	$ 20,015,000	
		Total of projects budgeted under $500,000 FY 2016	$ 12,778,531	$ 15,417,113	
		Total Capital Budget for FY 2016 and Expenditures to Date	**$ 57,934,000**	**$ 42,341,891**	
		Capital expenditures specific to Saint Francis Care (to Attachment 3)		**$ 22,326,891**	

* Construction budget reduced to $250,000 to reallocate capital to other project

** $18 million funded through an intercompany loan from Trinity Health Corporate

Attachment 4

Attachment 4

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

FY 2017 Preliminary Capital Plan - to be approved by Governance June 2016

			Current Total
Asylum Hill Family Medicine			
Asylum Hill Family Medicine	SFHMC-95010	EKG Machine	$14,000
Asylum Hill Family Medicine	SFHMC-95010	Centricity EMR	$40,000
Asylum Hill Family Medicine	SFHMC-95010	Copier Fax	$0
Asylum Hill Family Medicine	SFHMC-95010	Spirometry (2)	$0
Asylum Hill Family Medicine	SFHMC-95010	Desk Chairs	$16,900
Asylum Hill Family Medicine	SFHMC-95010	Cubicle Work Station	$0
Asylum Hill Family Medicine	SFHMC-95010	Waiting Room Furniture	$12,000
Asylum Hill Family Medicine	SFHMC-95010	Wheelchair Digital Scale	$0
			$82,900
ADMN-Administration			
Saint Francis Hospital and Medical Center	SFHC-11100	Contingency	$1,500,000
			$1,500,000
EMER-Emergency Medicine			
Saint Francis Hospital and Medical Center	SFHMC-66000	GlideScope (2)	$34,716
Saint Francis Hospital and Medical Center	SFHMC-66000	Stretchers (13)	$91,400
Saint Francis Hospital and Medical Center	SFHMC-66000	Ultrasound Machines (3)	$150,000
Saint Francis Hospital and Medical Center	SFHMC-63000	Site Rite 8 Ultrasound Machine (1)	$25,000
Saint Francis Hospital and Medical Center	SFHMC-66030	Cardiac monitor/defib/pacer with ETCO2 and pulse ox. To REPLACE 10 year old unit	$35,000
Saint Francis Hospital and Medical Center	SFHMC-66030	Tables and chairs for training center classroom. To replace current scavenged and worn items.	$10,000
	Sub-total		**$346,116**
NURS-Nursing			
Saint Francis Hospital and Medical Center	SFHMC-42100	Patient Recliner chairs for various units	$340,200
Saint Francis Hospital and Medical Center	SFHMC-42100	Patient Recliner chairs for various units	$293,400
Saint Francis Hospital and Medical Center	SFHMC-79800	Sharp Copier	$6,835
Saint Francis Hospital and Medical Center	SFHMC-42100	CareLogistics	$0
	Sub-total		**$640,435**
CRIT-Critical Care			
Saint Francis Hospital and Medical Center	SFHMC-71800	Supply Carts (Nurse Servers)	$17,574
Saint Francis Hospital and Medical Center	SFHMC-71800	Artic Sun 5000E Temperature Management System (1) (ccoling device after cardiac arrest)	$55,989
Saint Francis Hospital and Medical Center	SFHMC-71800	Replace Beds	$1,190,000
Saint Francis Hospital and Medical Center	SFHMC-71000	Phillips SpartQ Ultrasound Machine	$40,000
Saint Francis Hospital and Medical Center	SFHMC-71000	Lumify Probes (3) (rental, $199/month)	$7,200
Saint Francis Hospital and Medical Center	SFHMC-71000	Android-based tablet (screen for Lumify device)	$2,100
	Sub-total		**$1,312,863**
FIN-FINANCE			
Saint Francis Hospital and Medical Center	SFHMC-12115	McKesson Upgrade	$30,000

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

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			Current Total
	Sub-total		**$30,000**
CAVA-Cardiovascular			
Saint Francis Hospital and Medical Center	SFHMC-79200	Recliner Chairs (3-5)	$0
Saint Francis Hospital and Medical Center	SFHMC-57100	Other - I-Stat Analyzer - 881	$40,000
Saint Francis Hospital and Medical Center	SFHMC-57100	Pump Heart Lung - Centrifugal Sorin Pump for Heart/Lung	$26,200
Saint Francis Hospital and Medical Center	SFHMC-57100	Pump Heart Lung - Sorin S5 Complete Heart/Lung Machine - 1156	$185,772
Saint Francis Hospital and Medical Center	SFHMC-57200	Analyzer Coagulation - Hemochron for CICU for VAD Patients - 2114	$7,537
Saint Francis Hospital and Medical Center	SFHMC-57205	Pump Balloon - Intra-aortic Balloon Pumps Cath Lab - 1796	$400,000
Saint Francis Hospital and Medical Center	SFHMC-57210	Lab EP - Maestro 4000 Generator - 2113	$60,000
Saint Francis Hospital and Medical Center	SFHMC-57220	Machine Ultrasound - 3D Echo Machine - 866	$285,819
	Sub-total		**$1,005,328**
INTE-Information Technology			
Saint Francis Hospital and Medical Center	SFHMC-15130	Infrastructure - Nortel PBX Migration to Cisco	$200,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Infrastructure - Remotes PBX Replacement Avon, Glast, Enfield,	$200,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Infrastructure - Primary Backup Data Domain / Centera Growth	$600,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Infrastructure - Storage - Clinical Ancillary	$250,000
Saint Francis Hospital and Medical Center	SFHMC-15130	IT Storage Growth - 3Par Non Epic	$450,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Infrastructure - Router Refresh (WAN sites Internet)	$50,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Symmetra UPS' powering the server room (3 End of Life) UPS for	$21,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Server Refresh IT	$250,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Cisco 7702 Core redundancy	$250,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Carts on Wheels (replacement cycle)	$50,000
Saint Francis Hospital and Medical Center	SFHMC-15130	Flex Fabic Conversion for 6 c7000 HP chassis**	$200,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Carefusion Medmined-Trinity Requirement	$170,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Medicalis or Other Similar	$500,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Radiology Vendor Neutral Archive	$1,500,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Radiology Powerscribe Enhancements	$300,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Provider Sync Tool	$80,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Device Integration for JMMC ED and ICU	$250,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Observer Application Replacement	$450,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Software General-Medilinks Expansion for Enfield Rehab and JMMC	$40,000
Saint Francis Hospital and Medical Center	SFHMC-14130	Clinical Info System - EPIC	$2,348,772
	Sub-total		**$8,159,772**
PRIM-Primary Care			
Saint Francis Hospital and Medical Center	SFHMC-92101	New Vehicle	$24,000
Saint Francis Hospital and Medical Center	SFHMC-90500	Waiting Room Renovations	$30,000
Saint Francis Hospital and Medical Center	SFHMC-91801	Spirometry (1)	$2,500
Saint Francis Hospital and Medical Center	SFHMC-91801	EKG Machine	$2,595
Saint Francis Hospital and Medical Center	SFHMC-91800	Spirometry (1)	$4,250

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			Current Total
Saint Francis Hospital and Medical Center	SFHMC-91800	Laptops (3)	$3,900
Saint Francis Hospital and Medical Center	SFHMC-91800	Titmus Eye Machine (1)	$3,500
Saint Francis Hospital and Medical Center	SFHMC-91810	Spirometry (1)	$4,250
Saint Francis Hospital and Medical Center	SFHMC-91810	Laptops (2)	$2,600
Saint Francis Hospital and Medical Center	SFHMC-91810	Titmus Eye Machine	$3,500
	Sub-total		**$81,095**
BEHA-Behavioral Health			
Saint Francis Hospital and Medical Center	SFHMC-41811	TelePsych software- BH Integration/Billing Opportunity	$4,000
Saint Francis Hospital and Medical Center	SFHMC-71301	BP Monitor Refresh 1267	$6,000
Saint Francis Hospital and Medical Center	SFHMC-71331	BP Monitor Refresh 1267	$6,000
Saint Francis Hospital and Medical Center	SFHMC-71331	Couch furniture (asha- couches currently ripped)	$15,000
	Sub-total		**$31,000**
ONCO-Oncology			
Saint Francis Hospital and Medical Center	SFHMC-54300	HDR Cervical Applicator System	$54,000
Saint Francis Hospital and Medical Center	SFHMC-54300	Postioning and Transfer System (Cervical Cancer Program)	$69,000
Saint Francis Hospital and Medical Center	SFHMC-54300	Abdominal and Thoracic Cushio and Stabilizer boards	$15,000
Saint Francis Hospital and Medical Center	SFHMC-54300	Cervical HDR System Software	$65,000
Saint Francis Hospital and Medical Center	SFHMC-69700	Infusion Chair Replacements	$8,000
Saint Francis Hospital and Medical Center	SFHMC-69700	Renovation of Space for Research Lab (Smilow)	$150,000
	Sub-total		**$361,000**
WOIN-Women & Infants			
Saint Francis Hospital and Medical Center	SFHMC-53000	Monitor Fetal - Fetal Monitors	$420,917
Saint Francis Hospital and Medical Center	SFHMC-53000	Warmer Infant - Infant Warmers	$122,220
Saint Francis Hospital and Medical Center	SFHMC-86500	Replacement Bilirubin Meters NICU (2)	$14,408
Saint Francis Hospital and Medical Center	SFHMC-86300	Replacement Bilirubin Meters Maternity (2)	$14,408
Saint Francis Hospital and Medical Center	SFHMC-53400	Replacement Ultrasound Transducers	$25,000
Saint Francis Hospital and Medical Center	SFHMC-53000	Replace OR Light	$60,000
	Sub-total		**$656,953**
IMAG-Imaging Services			
Saint Francis Hospital and Medical Center	SFHMC-54000	Workstation PACS - Radiologist PACS Reading Workstations - 718	$45,000
Saint Francis Hospital and Medical Center	SFHMC-54100	C-arm Surgical - Mobile C-Arm Unit for OR - 756	$200,000
Saint Francis Hospital and Medical Center	SFHMC-54100	Imaging - X-ray Digital - DR Radiographic Suite - 755	$400,000
Saint Francis Hospital and Medical Center	SFHMC-54100	Imaging - X-ray Portable - Digital Portable X-Ray Unit - 1340	$181,768
Saint Francis Hospital and Medical Center	SFHMC-54100	Imaging - X-ray Portable - DR Portable X-ray Unit - 758	$180,000
	Sub-total		**$1,006,768**
FACI-Facilities			
Saint Francis Hospital and Medical Center	SFHMC-33200	Roof - Replace Failing Roofs at Woodland Park - 790	$50,000
Saint Francis Hospital and Medical Center	SFHMC-34000	Boiler Steam - Building 1 Boilers replacement - 1319	$240,000
Saint Francis Hospital and Medical Center	SFHMC-34000	LING TOWER UPGRADE	$50,000

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			Current Total
Saint Francis Hospital and Medical Center	SFHMC-34000	Facilities General - Plumbing - Replace 6 inch Domestic Water Main in Building 1 - 96	$150,000
Saint Francis Hospital and Medical Center	SFHMC-34001	Boiler Steam - Boiler - Major Boiler Repair Work - 395	$40,000
Saint Francis Hospital and Medical Center	SFHMC-34001	Boiler Steam - Replacement of Cleaver Brooks Boilers - 1326	$100,000
Saint Francis Hospital and Medical Center	SFHMC-34110	Facilities General - Plumbing - Fire Sprinklers for Gengras Suites - 99	$30,000
Saint Francis Hospital and Medical Center	SFHMC-34110	Not Specified - MOB Renovations - Annual CIP 1404	$500,000
Saint Francis Hospital and Medical Center	SFHMC-34110	Renovation General - Expand Executive Offices - 1726	$1,800,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Construction General - N.E. Masonry - bldg 6 restoration - 1541	$150,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Construction General - New England Masonry - bldg 6 restoration glass - 1543	$90,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Construction General - Renovate (1-4) to include Bed Repair room and Emergency Oper Center - 1807	$100,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Facilities General - Collins Parking Garage Repairs - 1901 CIP1387	$750,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Rennovate 6-2	$1,500,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Renovate 8-1,8-1A,-8-2	$3,000,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Facilities General - Paving Restoration Program - South Campus - 109	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35100	HVAC - Air-conditioner - HVAC - AHU - Replace S-6 In Lower Penthouse in B-2 - 104	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35100	HVAC - Air-conditioner - HVAC - AHU - Update Design and Replace 3 Roof Top Units at 260 Ashley Street -	$500,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Meter Multi - Install Metering for Measuring Energy Usage (PCT Feeder Monitoring)- 795	$50,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Miscellaneous General - Trinity Signage - 2054	$600,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Not Specified - Furniture Refresh FY17 - 1211	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Not Specified - Interior Finish Upgrades-FY17 Major Item - 652	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Not Specified - Small Non Medical Equipment Refresh FY17 - 1213	$150,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Not Specified - Woodland Garage Preventative Maintenance - 1323	$50,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Roof - Replacement of failing roofs at South Campus - 383	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35100	System Tube - Replace Failing PEVCO Components - 398	$20,000
Saint Francis Hospital and Medical Center	SFHMC-35100	Boiler Deaerator	$400,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Elevator - Elevators Renovation MSH Central - 117	$500,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Facilities General - North Campus Public Restroom Upgrades - 808	$75,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Facilities General - Paving Restoration Program - North Campus - 121	$50,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Facilities General - Renovation - Renovate front lobby of Sinai - 120	$50,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Facilities General - Restore Masonry on Buildings - 437	$50,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Not Specified - Air Handler Replacements - North Campus - 1322	$1,000,000
Saint Francis Hospital and Medical Center	SFHMC-35101	Roof - Replacement of Failing Roofs at North Campus - 396	$310,000
Saint Francis Hospital and Medical Center	SFHMC-34201	95 Woodland Gym lighting fixtures replacement	$54,427
Saint Francis Hospital and Medical Center	SFHMC-35200	Monitor System - Committed: Physio Monitor PICiX Upgrade Program FY17 (yr5of5) - 1476	$196,000
Saint Francis Hospital and Medical Center	SFHMC-35200	Defibrillator Replacement Program	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35200	Not Specified - Medical Equipment Refresh $5000 FY17 Major Item - 933	$200,000
Saint Francis Hospital and Medical Center	SFHMC-35200	Not Specified - Replace Nurse Call System FY17 Major Item - 1210	$350,000
Saint Francis Hospital and Medical Center	SFHMC-35200	Other - Medical Equipment Testing and Calibration Tools FY16 - 891	$25,000
Saint Francis Hospital and Medical Center	SFHMC-35200	AEDs for Office Buildings	$25,000
Saint Francis Hospital and Medical Center	SFHMC-35200	Other - Medical Equipment Testing and Calibration Tools FY17 - 892	$25,000

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

FY 2017 Preliminary Capital Plan - to be approved by Governance June 2016

			Current Total
Saint Francis Hospital and Medical Center	SFHMC-35200	Other - Radiology Testing and Calibration Tools FY16 - 887	$12,000
Saint Francis Hospital and Medical Center	SFHMC-35200	Other - Radiology Testing and Calibration Tools FY17 - 888	$12,017
Saint Francis Hospital and Medical Center	SFHMC-35210	Not Specified - Patient Pillow Speakers-FY17 Major Item - 927	$30,000
Saint Francis Hospital and Medical Center	SFHMC-35300	Camera Security - - 684	$50,000
Saint Francis Hospital and Medical Center	SFHMC-35301	Camera Security - - 685	$20,000
Saint Francis Hospital and Medical Center	SFHMC-79700	Chair - 5YR 79700 Desk Chairs - 826	$3,257
Saint Francis Hospital and Medical Center	SFHMC-79700	Chair - 5YR 79700 Family Room Chairs - 829	$1,869
Saint Francis Hospital and Medical Center	SFHMC-79700	Monitor - 5YR 79700 New TeleMons - 789	$40,281
	Sub-total		**$14,599,851**
FACI-Facilities-OPS			
Saint Francis Hospital and Medical Center	SFHMC-21010	Kitchen Renovations	$60,000
Saint Francis Hospital and Medical Center	SFHMC-21010	Locker Room Renovations	$20,170
	Sub-total		**$80,170**
SURG-Surgery			
Saint Francis Hospital and Medical Center	SFHMC-18200	Flexible Inspection Scope & Software	$4,500
Saint Francis Hospital and Medical Center	SFHMC-18200	Sterrilizer Gas Plasma STERRAD	$110,000
Saint Francis Hospital and Medical Center	SFHMC-18200	Wash Racks and Trolley	$18,652
Saint Francis Hospital and Medical Center	SFHMC-50000	Zeiss MediLive Camera Control Unit	$5,600
Saint Francis Hospital and Medical Center	SFHMC-50000	Intuity Lighted Breast Retractor	$21,540
Saint Francis Hospital and Medical Center	SFHMC-50000	Hall Microchoice Drill Set (3) and Generator	$49,383
Saint Francis Hospital and Medical Center	SFHMC-50000	Osteotomy Set	$17,890
Saint Francis Hospital and Medical Center	SFHMC-50000	Styker Sonopet Cusa generator (1) & hand pieces (2)	$149,943
Saint Francis Hospital and Medical Center	SFHMC-50000	Holmium Laser	$41,200
Saint Francis Hospital and Medical Center	SFHMC-50000	Plasma Blade (Dr. Wilson) - Generator	$0
Saint Francis Hospital and Medical Center	SFHMC-50000	Femoral Distractor	$5,000
Saint Francis Hospital and Medical Center	SFHMC-50000	TFN Auxillary Set	$6,430
Saint Francis Hospital and Medical Center	SFHMC-50000	Mediflex Retractor	$17,990
Saint Francis Hospital and Medical Center	SFHMC-50010	Dr. Gupta Instrument Set	$17,088
Saint Francis Hospital and Medical Center	SFHMC-50010	Thompson Bolling Retractor	$9,560
Saint Francis Hospital and Medical Center	SFHMC-50010	Favalaro CV Retractor	$6,288
Saint Francis Hospital and Medical Center	SFHMC-50030	Endowrist Stapler System	$15,180
Saint Francis Hospital and Medical Center	SFHMC-50030	Firefly	$86,400
Saint Francis Hospital and Medical Center	SFHMC-50100	Spyglass	$0
Saint Francis Hospital and Medical Center	SFHMC-50100	Washer (2) & service contracts (2)	$133,810
Saint Francis Hospital and Medical Center	SFHMC-50200	2 Skytron Beds	$82,767
Saint Francis Hospital and Medical Center	SFHMC-50200	2 Sinus Scope sets/2 ear scope sets	$40,361
Saint Francis Hospital and Medical Center	SFHMC-50200	ENT Laryngoscopy set	$13,000
Saint Francis Hospital and Medical Center	SFHMC-50200	GYN Myosure controller w instrumentation	$16,175
Saint Francis Hospital and Medical Center	SFHMC-50200	Novasure console	$18,620

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

FY 2017 Preliminary Capital Plan - to be approved by Governance June 2016

			Current Total
Saint Francis Hospital and Medical Center	SFHMC-50200	Biotenodesis set or ortho & podiatry	$6,850
Saint Francis Hospital and Medical Center	SFHMC-50200	ACL Set Biosure Sync Set	$6,090
Saint Francis Hospital and Medical Center	SFHMC-50200	Ortho Pod Linvatech power drill	$36,430
Saint Francis Hospital and Medical Center	SFHMC-50200	Smart stitch suture device handle	$2,873
Saint Francis Hospital and Medical Center	SFHMC-50200	Pod: MBA Instrument set	$5,550
Saint Francis Hospital and Medical Center	SFHMC-50200	ENT Video System	$188,100
Saint Francis Hospital and Medical Center	SFHMC-50200	3-9 Storage Area Renovation	$12,116
Saint Francis Hospital and Medical Center	SFHMC-51100	Sonosite	$121,714
Saint Francis Hospital and Medical Center	SFHMC-51100	Verathon Glidescope	$40,792
Saint Francis Hospital and Medical Center	SFHMC-51100	Edwards Clearsight (2)	$56,400
Saint Francis Hospital and Medical Center	SFHMC-51100	Transthoracic Probe	$15,292
Saint Francis Hospital and Medical Center	SFHMC-68500	tcpO2/pCO2 UNIT	$0
Saint Francis Hospital and Medical Center	SFHMC-75500	ASU PACU Stretchers (4)	$24,617
Saint Francis Hospital and Medical Center	SFHMC-90800	Olympic Sterile Drier	$10,567
Saint Francis Hospital and Medical Center	SFHMC-90800	Materialise Dental SimPlant Software	$16,500
Saint Francis Hospital and Medical Center	SFHMC-90800	Biomet Implant Fixation Kit	$2,950
Saint Francis Hospital and Medical Center	SFHMC-90900	Biomet Navigator System for Guided Surgery with Navigator Tap Kit	$6,887
	Sub-total		**$1,441,104**
LABO-Laboratory			
Saint Francis Hospital and Medical Center	SFHMC-55200	Not Specified - Histology Renovation - 1140	$750,000
Saint Francis Hospital and Medical Center	SFHMC-55200	Not Specified - Microscopes for Pathologist - 1134	$20,000
Saint Francis Hospital and Medical Center	SFHMC-55200	Not Specified - Office Renovation - 1139	$0
Saint Francis Hospital and Medical Center	SFHMC-55200	Not Specified - TV Monitor with wireless computer	$0
	Sub-total		**$770,000**
SUPC-SUPPLY CHAIN			
Saint Francis Hospital and Medical Center	SFHMC-18100	OTHER/ ELECTRIC PALLET TRUCK	$4,600
	Sub-total		**$4,600**
MARK-Marketing			
Saint Francis Hospital and Medical Center	SFHMC-17000	Workstation - HP Z640 Workstation -	$2,950
Saint Francis Hospital and Medical Center	SFHMC-17000	HP Z5200PS poster printer	$5,300
Saint Francis Hospital and Medical Center	SFHMC-17000	HP Laserjet enterprise 700 color laser printer 11x17	$4,300
	Sub-total		**$12,550**
PHAR-Pharmacy			
Saint Francis Hospital and Medical Center	SFHMC-65000	Cabinets Automated Dispensing - 2017 upgrade - 814	$3,500,000
	Sub-total		**$3,500,000**
CJRI-CJRI			
Saint Francis Hospital and Medical Center	SFHMC-73300	Blanket warmer	$5,400
Saint Francis Hospital and Medical Center	SFHMC-73300	Defibrillator	$21,000
Saint Francis Hospital and Medical Center	SFHMC-79630	Blanket warmer	$4,500

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

FY 2017 Preliminary Capital Plan - to be approved by Governance June 2016

			Current Total
Saint Francis Hospital and Medical Center	SFHMC-79630	Dyna Maps (2)	$4,600
Saint Francis Hospital and Medical Center	SFHMC-50020	Pegboard positioner	$7,500
Saint Francis Hospital and Medical Center	SFHMC-50020	Demayo knee positioner (2)	$12,000
Saint Francis Hospital and Medical Center	SFHMC-50020	Total Hip sets (4)	$44,000
Saint Francis Hospital and Medical Center	SFHMC-50020	Hawkins Bell retractor	$7,500
Saint Francis Hospital and Medical Center	SFHMC-50020	Auditorium upgrade	$75,000
Saint Francis Hospital and Medical Center	SFHMC-50020	OR lights upgrade	$300,000
Saint Francis Hospital and Medical Center	SFHMC-50020	Aquamantys generator**	$73,350
Saint Francis Hospital and Medical Center	SFHMC-50020	Orthopat machine (2)**	$18,000
Saint Francis Hospital and Medical Center	SFHMC-50020	Stryker power equipment**	$1,302,000
Saint Francis Hospital and Medical Center	SFHMC-50020	OMNINAV Robotic Unit**	$500,000
	Sub-total		**$2,374,850**
REME-Rehabilitation Medicine			
Saint Francis Hospital and Medical Center	SFHMC-60000	Analyzer Middle Ear- Tympanometer JAZZID 1493	$8,180
Saint Francis Hospital and Medical Center	SFHMC-60000	Other- Simulated Living Environment JAZZID 716	$48,000
Saint Francis Hospital and Medical Center	SFHMC-60000	Other- Verifit- Medical Equipment Refresh Item FY17	$15,000
Saint Francis Hospital and Medical Center	SFHMC-60000	Equipment Exercise - Treadmill JAZZID 714	$0
	Sub-total		**$71,180**
SPINE			
Saint Francis Hospital and Medical Center	SFHMC-50050	Stryker Sonopet	$146,519
Saint Francis Hospital and Medical Center	SFHMC-50050	Medtronic midas rex drills	$103,791
Saint Francis Hospital and Medical Center	SFHMC-50050	Integra headlights (2)	$12,400
Saint Francis Hospital and Medical Center	SFHMC-50050	Shadowline Retractor	$0
Saint Francis Hospital and Medical Center	SFHMC-50050	Mizuho Wilson Frame	$5,700
Saint Francis Hospital and Medical Center	SFHMC-50050	Aquamantys**	$24,000
	Sub-total		**$292,410**
CLS			
Collaborative Laboratory Services	CLS-11701	Not Specified - Barcode Scanners - 2033	$7,500
Collaborative Laboratory Services	CLS-11701	Not Specified - Blasters Intermec labels - 1012	$9,100
Collaborative Laboratory Services	CLS-11701	Not Specified - Computers - 995	$25,000
Collaborative Laboratory Services	CLS-11701	Not Specified - EMR Interface - 1004	$80,000
Collaborative Laboratory Services	CLS-11701	Not Specified - HP Printers - 1008	$10,000
Collaborative Laboratory Services	CLS-11701	Not Specified - Large Screen Monitoring Patient/Business Intelligence Display	$7,500
Collaborative Laboratory Services	CLS-55800	Not Specified - Chairs/ Stools - 1017	$4,250
Collaborative Laboratory Services	CLS-55800	Not Specified - UV Bacteria Free Water (2)	$2,500
Collaborative Laboratory Services	CLS-58000	Not Specified - High Volume Printers (2)	$6,000
Collaborative Laboratory Services	CLS-58000	Specifier - Expand Power Processor Track	$125,000
Collaborative Laboratory Services	CLS-58800	ll Mount TV Monitor for Training Room w/PC wireless	$3,400

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

FY 2017 Preliminary Capital Plan - to be approved by Governance June 2016

			Current Total
Collaborative Laboratory Services	CLS-55800	New Coagulation Instrumentation (replacement)	$250,000
Collaborative Laboratory Services	CLS-55802	Not Specified - AFT 2000 Autoimmune - 2015	$25,000
Collaborative Laboratory Services	CLS-55802	Not Specified - Centrifuge - 2014	$0
Collaborative Laboratory Services	CLS-55803	Not Specified - Centrifuge - 975	$2,300
Collaborative Laboratory Services	CLS-55804	Not Specified - Stryker Saw - 2008	$2,300
Collaborative Laboratory Services	CLS-55805	Centrifuge - Centrifuge for Drawstations - 1990	$3,000
Collaborative Laboratory Services	CLS-55805	Not Specified - Bar Code Printers for NH - 1043	$5,000
Collaborative Laboratory Services	CLS-55805	Not Specified - Drawstation Renovation - 1060	$25,000
Collaborative Laboratory Services	CLS-55805	Not Specified - Upgrade Lab Phone System - 1123	$20,000
Collaborative Laboratory Services	CLS-55805	Not Specified - Vehicle - 1053	$46,000
Collaborative Laboratory Services	CLS-55806	Not Specified - Inpatient Phlebotomy Carts - 2040	$4,500
Collaborative Laboratory Services	CLS-55810	Not Specified - Agglutination Viewers	$3,500
Collaborative Laboratory Services	CLS-55810	Not Specified - Temp Controlled Centrifuge	$12,000
Collaborative Laboratory Services	CLS-55810	Not Specified- MTS Card Workstations	$24,000
Collaborative Laboratory Services	CLS-55820	Not Specified - Microtome - 1992	$15,000
Collaborative Laboratory Services	CLS-55820	Not Specified - Refrigerator /Freezer	$5,000
Collaborative Laboratory Services	CLS-55830	Not Specified - CO2 Incubator TB - 1072	$4,000
Collaborative Laboratory Services	CLS-55830	Not Specified - Laminar Flow Hood Virology - 1067	$10,000
Collaborative Laboratory Services	CLS-55830	Not Specified - Refrigerator - 1074	$5,000
Collaborative Laboratory Services	CLS-55910	Analyzers, Point-of-care - ED Interface for New Clinitek Urine Analyzer - 1720	$18,000
Collaborative Laboratory Services	CLS-55910	AntiCoag Rals Interface	$18,000
Collaborative Laboratory Services	CLS-55910	Not Specified - RALS Interface Upgrade - 953	$20,111
Collaborative Laboratory Services	CLS-55910	Not Specified - Renovation - 2024	$20,000
Collaborative Laboratory Services	CLS-55910	Not Specified - Upgrade Instruments - 1183	$10,000
Collaborative Laboratory Services	CLS-55910	Not Specified - Upgrade Instruments - 956	$10,000
	Sub-total		**$837,961**
SFMG			
St Francis Medical Group	WDLPA-11100	Not Specified - computer and equipment replacement -	$100,000
St Francis Medical Group	WDLPA-11100	Not Specified - New Practice Acquisition - 1175	$250,000
St Francis Medical Group	WDLPA-11100	Not Specified - New Practice Acquisition - 1176	$250,000
St Francis Medical Group	WDLPA-11100	Not Specified - New Practice Acquisition - 1175	$250,000
St Francis Medical Group	WDLPA-11100	Not Specified - New Practice Acquisition - 1176	$250,000
St Francis Medical Group	WDLPA-11100	Renovation General - Renovation/refresh SFMG practice	$50,000
St Francis Medical Group	WDLPA-41535	Sonosite U/S machine - 1731	$55,000
St Francis Medical Group	WDLPA-41504	Replace Vascular U/S - Pulse Volume Recorder - 1763	$55,000
St Francis Medical Group	WDLPA-40400	Cystoscope replacement	$5,000
St Francis Medical Group	WDLPA-40400	Bladder scanner- Urology	$10,000
St Francis Medical Group	WDLPA-11100	Bloomfield ASC	$2,200,000
	Sub-total		**$3,475,000**

TH-NE Hartford (Saint Francis)- Capital Requested by Service Line and Project 2017

FY 2017 Preliminary Capital Plan - to be approved by Governance June 2016

			Current Total
MSRH			
Mt Sinai Rehabilitatiom Hospital	RHHCT-11100	Connecticut Adaptive Rowing Program equipment purchased with funds raised SWING Golf Proceeds JAZ	$20,000
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Bike Exercise Recombent Bike by SportsArt C521R-JAZZID 1113	$2,550
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Chair-Patient Side Chairs for Exam Rooms - JAZZID 1103	$4,000
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Equipment Exercise-Inflight Fitness CT MHP MultiHip Weight Machine JAZZID 1234	$3,120
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Equipment Exercise-Primus RS JAZZID 1239	$6,300
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Other-Adapta ADP-4-Traction Table with Chattanooga TX Traction Unit JAZZID 1106	$6,900
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Other-POOL LIFT SWIM LIFT GALLATIN JAZZID 1230	$5,700
Mt Sinai Rehabilitatiom Hospital	RHHCT-60330	Table Hi-low-Medallion Treatment Table Model 200B - JAZZID 1107	$2,900
Mt Sinai Rehabilitatiom Hospital	RHHCT-60300	Walker-Rewalk/Ekso-JAZZID 1950	$100,000
Mt Sinai Rehabilitatiom Hospital	RHHCT-75600	Lift Patient- Arjo maxiLIFT JAZZID 1273	$10,000
	Sub-total		**$161,470**
		Grand Total (includes IT capital lease payments)	**$42,835,375**

**Includes $1.9M in CJRI leased equipment and $1M donor-funded oncology renovation

Greer, Leslie

From: Rotavera, Liz <LRotaver@stfranciscare.org>
Sent: Tuesday, May 31, 2016 1:36 PM
To: User, OHCA; Roberts, Karen
Cc: Hartley, Christopher; Cable, Kimberly
Subject: CON Docket Number 15 31979
Attachments: Attachment A Detail of 6 month savings.xlsx; Attachment B SAFNS - Reports 100 150 300 350.xlsx; Attachment C Financial Statistics THNE-March 2016 - MTD and YTD for OCHA filing.xlsx; Saint Francis Trinity Health 5-31 order requirements.docx; 5~31~16 Response to Items 10 and 11 of Order.pdf

Karen,

Please see attached compliance report.

Thank you.

Liz Rotavera, FACHE
Senior Planning Associate
Saint Francis Hospital and Medical Center
114 Woodland Street
Hartford, CT 06015

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SAINT FRANCIS
Hospital and Medical Center

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

May 31, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Roberts:

In accordance with Items 10 and 11of the Order dated August 31, 2015, we have enclosed the attached information for your review.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714- 5573.

Thank you for your attention to this matter.

Sincerely,

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Response to Items #10 and #11 of the Settlement and Order dated 8/1/2015 for the Six Month Period Ended March 31, 2016

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both the Hospital and its immediate parent (SFC or its successor legal entity) for purposes of this Order, semi-annual periods are October 1 - March 31 and April l - September 30. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31 and November 30, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM): Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The information shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since October 1, 2015, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Trinity Health to identify and implement changes to realize cost savings opportunities. The first significant change was the defeasance of Saint Francis' long term debt of approximately $246 million with proceeds from an intercompany loan. This change has resulted in interest expense savings of $730,000 for the first six months. In addition, the Series F Fixed Pay SWAP was novated to Trinity Health on October 1, 2015. The result of this SWAP was an improvement in Saint Francis' net assets of $44 million. Furthermore, the transfer of this SWAP removes the financial risks associated with the change in interest rates and the impact on Saint Francis net assets. For example, in FY 2015, Saint Francis recorded a $14.8 million non-operating loss related to this interest rate SWAP.

The other more significant item was the inclusion of Saint Francis into the Trinity Health insurance program. This was an overall decrease in annual premiums of approximately $1.3 million exclusive of one time tail coverage costs incurred as part of the transaction.

Lastly, leveraging the Trinity Health actuarial expertise whose approach is to more closely align mortality assumptions with plan participant demographics in the Trinity Health pension plans, Saint Francis' projected benefit obligation was further evaluated. As a result, Saint Francis recognized a benefit in pension expense of $1.3 million for the six month period ended March 31, 2016.

There were no cost savings specific to Trinity Health – New England, Inc. (formerly known as Saint Francis *Care*, Inc.) as there are no operating expenses currently within this entity. We

continue to identify cost saving opportunities with vendors and will report those cost savings when realized in future reporting periods. See **Attachment A** for expense savings by category.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings.

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM). The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment B.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment C** for Financial Indicators.

Attachment A

Attachment A

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Cost Savings/Synergies 10/1/2015-3/31/2016

LINE	DESCRIPTION	Savings 10/1-3/31 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	
B.	Fringe Benefits (pension and workers comp)	$1,155
C.	Contractual Labor Fees	
D.	Medical Supplies and Pharmaceutical Cost	
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$730
H.	Malpractice Insurance Cost	$722
I.	Utilities	
J.	Business Expenses (insurance)	$278
K.	Other Operating Expense	
	Total savings 10/1-3/31	$2,885

Attachment B

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$76,694,000	$29,788,000	($46,906,000)	-61%
2	Short Term Investments	$9,418,000	$32,991,000	$23,573,000	250%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$65,284,000	$65,924,000	$640,000	1%
4	Current Assets Whose Use is Limited for Current Liabilities	$1,521,000	$0	($1,521,000)	-100%
5	Due From Affiliates	$4,864,000	$24,751,000	$19,887,000	409%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$9,701,000	$8,545,000	($1,156,000)	-12%
8	Prepaid Expenses	$8,457,000	$7,963,000	($494,000)	-6%
9	Other Current Assets	$2,211,000	$2,081,000	($130,000)	-6%
	Total Current Assets	**$178,150,000**	**$172,043,000**	**($6,107,000)**	**-3%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$48,893,000	$46,983,000	($1,910,000)	-4%
2	Board Designated for Capital Acquisition	$26,070,000	$26,544,000	$474,000	2%
3	Funds Held in Escrow	$817,000	$0	($817,000)	-100%
4	Other Noncurrent Assets Whose Use is Limited	($1,521,000)	$0	$1,521,000	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$74,259,000**	**$73,527,000**	**($732,000)**	**-1%**
5	Interest in Net Assets of Foundation	$9,394,000	$9,537,000	$143,000	2%
6	Long Term Investments	$25,350,000	$21,350,000	($4,000,000)	-16%
7	Other Noncurrent Assets	$7,117,000	$12,794,000	$5,677,000	80%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$873,910,000	$830,351,000	($43,559,000)	-5%
2	Less: Accumulated Depreciation	$427,558,000	$449,982,000	$22,424,000	5%
	Property, Plant and Equipment, Net	**$446,352,000**	**$380,369,000**	**($65,983,000)**	**-15%**
3	Construction in Progress	$8,411,000	$5,973,000	($2,438,000)	-29%
	Total Net Fixed Assets	**$454,763,000**	**$386,342,000**	**($68,421,000)**	**-15%**
	Total Assets	**$749,033,000**	**$675,593,000**	**($73,440,000)**	**-10%**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$36,361,000	$28,290,000	($8,071,000)	-22%
2	Salaries, Wages and Payroll Taxes	$33,492,000	$30,239,000	($3,253,000)	-10%
3	Due To Third Party Payers	$12,528,000	$12,085,000	($443,000)	-4%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$7,298,000	$8,807,000	$1,509,000	21%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$6,680,000	$5,637,000	($1,043,000)	-16%
	Total Current Liabilities	**$96,359,000**	**$85,058,000**	**($11,301,000)**	**-12%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$244,154,000	$239,252,000	($4,902,000)	-2%
2	Notes Payable (Net of Current Portion)	$0	$0	$0	0%
	Total Long Term Debt	**$244,154,000**	**$239,252,000**	**($4,902,000)**	**-2%**
3	Accrued Pension Liability	$234,591,000	$208,618,000	($25,973,000)	-11%
4	Other Long Term Liabilities	$43,991,000	$0	($43,991,000)	-100%
	Total Long Term Liabilities	**$522,736,000**	**$447,870,000**	**($74,866,000)**	**-14%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$52,342,000	$65,865,000	$13,523,000	26%
2	Temporarily Restricted Net Assets	$24,417,000	$25,531,000	$1,114,000	5%
3	Permanently Restricted Net Assets	$53,179,000	$51,269,000	($1,910,000)	-4%
	Total Net Assets	**$129,938,000**	**$142,665,000**	**$12,727,000**	**10%**
	Total Liabilities and Net Assets	**$749,033,000**	**$675,593,000**	**($73,440,000)**	**-10%**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT - MARCH	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,104,370,392	$1,109,957,265	($994,413,127)	-47%
2	Less: Allowances	$1,420,599,391	$760,187,746	($660,411,645)	-46%
3	Less: Charity Care	$13,558,599	$6,032,004	($7,526,595)	-56%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$670,212,402**	**$343,737,515**	**($326,474,887)**	**-49%**
5	Provision for Bad Debts	$20,980,833	$9,602,108	($11,378,725)	-54%
	Net Patient Service Revenue less provision for bad debts	**$649,231,569**	**$334,135,407**	**($315,096,162)**	**-49%**
6	Other Operating Revenue	$31,281,747	$16,415,682	($14,866,065)	-48%
7	Net Assets Released from Restrictions	$4,156,122	$1,941,324	($2,214,798)	-53%
	Total Operating Revenue	**$684,669,438**	**$352,492,413**	**($332,177,025)**	**-49%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$257,621,228	$129,336,296	($128,284,932)	-50%
2	Fringe Benefits	$68,082,765	$37,598,947	($30,483,818)	-45%
3	Physicians Fees	$47,535,764	$25,076,966	($22,458,798)	-47%
4	Supplies and Drugs	$99,464,711	$56,024,122	($43,440,589)	-44%
5	Depreciation and Amortization	$37,713,710	$22,594,877	($15,118,833)	-40%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$11,151,596	$4,744,843	($6,406,753)	-57%
8	Malpractice Insurance Cost	$10,303,205	$4,649,339	($5,653,866)	-55%
9	Other Operating Expenses	$149,739,353	$82,816,741	($66,922,612)	-45%
	Total Operating Expenses	**$681,612,332**	**$362,842,131**	**($318,770,201)**	**-47%**
	Income/(Loss) From Operations	**$3,057,106**	**($10,349,718)**	**($13,406,824)**	**-439%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	($2,527,631)	$1,824,223	$4,351,854	-172%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($17,532,605)	($4,402,302)	$13,130,303	-75%
	Total Non-Operating Revenue	**($20,060,236)**	**($2,578,079)**	**$17,482,157**	**-87%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($17,003,130)**	**($12,927,797)**	**$4,075,333**	**-24%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($17,003,130)**	**($12,927,797)**	**$4,075,333**	**-24%**
	Principal Payments	$8,785,000	$3,326,000	($5,459,000)	-62%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 MARCH	AMOUNT DIFFERENCE	% DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$102,071,000	$50,599,000	($51,472,000)	-50%
2	Short Term Investments	$33,496,000	$49,543,000	$16,047,000	48%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$77,445,000	$75,730,000	($1,715,000)	-2%
4	Current Assets Whose Use is Limited for Current Liabilities	$1,521,000	$0	($1,521,000)	-100%
5	Due From Affiliates	$3,400,000	$16,387,000	$12,987,000	382%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$9,701,000	$8,545,000	($1,156,000)	-12%
8	Prepaid Expenses	$7,851,000	$8,519,000	$668,000	9%
9	Other Current Assets	$6,745,000	$7,112,000	$367,000	5%
	Total Current Assets	**$242,230,000**	**$216,435,000**	**($25,795,000)**	**-11%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$48,894,000	$46,983,000	($1,911,000)	-4%
2	Board Designated for Capital Acquisition	$27,242,000	$26,544,000	($698,000)	-3%
3	Funds Held in Escrow	$43,133,000	$39,732,000	($3,401,000)	-8%
4	Other Noncurrent Assets Whose Use is Limited	($1,521,000)	$0	$1,521,000	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$117,748,000**	**$113,259,000**	**($4,489,000)**	**-4%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$25,097,000	$21,664,000	($3,433,000)	-14%
7	Other Noncurrent Assets	$15,864,000	$41,245,000	$25,381,000	160%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$912,915,000	$867,224,000	($45,691,000)	-5%
2	Less: Accumulated Depreciation	$454,078,000	$477,503,000	$23,425,000	$0
	Property, Plant and Equipment, Net	**$458,837,000**	**$389,721,000**	**($69,116,000)**	**-15%**
3	Construction in Progress	$8,411,000	$5,975,000	($2,436,000)	-29%
	Total Net Fixed Assets	**$467,248,000**	**$395,696,000**	**($71,552,000)**	**-15%**
	Total Assets	**$868,187,000**	**$788,299,000**	**($79,888,000)**	**-9%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$41,686,000	$33,176,000	($8,510,000)	-20%
2	Salaries, Wages and Payroll Taxes	$51,151,000	$48,129,000	($3,022,000)	-6%
3	Due To Third Party Payers	$13,630,000	$13,333,000	($297,000)	-2%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$7,298,000	$9,030,000	$1,732,000	24%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$8,658,000	$6,726,000	($1,932,000)	-22%
	Total Current Liabilities	**$122,423,000**	**$110,394,000**	**($12,029,000)**	**-10%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$244,154,000	$257,025,000	$12,871,000	5%
2	Notes Payable (Net of Current Portion)	$0	$0	$0	0%
	Total Long Term Debt	**$244,154,000**	**$257,025,000**	**$12,871,000**	**5%**
3	Accrued Pension Liability	$276,965,000	$213,335,000	($63,630,000)	-23%
4	Other Long Term Liabilities	$43,991,000	$35,944,000	($8,047,000)	-18%
	Total Long Term Liabilities	**$565,110,000**	**$506,304,000**	**($58,806,000)**	**-10%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$101,295,000	$93,165,000	($8,130,000)	-8%
2	Temporarily Restricted Net Assets	$26,180,000	$27,167,000	$987,000	4%
3	Permanently Restricted Net Assets	$53,179,000	$51,269,000	($1,910,000)	-4%
	Total Net Assets	**$180,654,000**	**$171,601,000**	**($9,053,000)**	**-5%**
	Total Liabilities and Net Assets	**$868,187,000**	**$788,299,000**	**($79,888,000)**	**-9%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT - MARCH	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,433,798,000	$1,294,926,000	($1,138,872,000)	-47%
2	Less: Allowances	$1,621,115,000	$875,045,231	($746,069,769)	-46%
3	Less: Charity Care	$14,331,000	$6,370,769	($7,960,231)	-56%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$798,352,000**	**$413,510,000**	**($384,842,000)**	**-48%**
5	Provision for Bad Debts	$25,600,000	$11,900,000	($13,700,000)	-54%
	Net Patient Service Revenue less provision for bad debts	**$772,752,000**	**$401,610,000**	**($371,142,000)**	**-48%**
6	Other Operating Revenue	$38,303,000	$19,795,000	($18,508,000)	-48%
7	Net Assets Released from Restrictions	$10,911,000	$4,035,000	($6,876,000)	-63%
	Total Operating Revenue	**$821,966,000**	**$425,440,000**	**($396,526,000)**	**-48%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$378,595,000	$198,862,000	($179,733,000)	-47%
2	Fringe Benefits	$86,980,000	$48,421,000	($38,559,000)	-44%
3	Physicians Fees	$24,836,000	$14,703,000	($10,133,000)	-41%
4	Supplies and Drugs	$119,805,000	$67,853,000	($51,952,000)	-43%
5	Depreciation and Amortization	$39,696,000	$23,562,000	($16,134,000)	-41%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$11,152,000	$4,745,000	($6,407,000)	-57%
8	Malpractice Insurance Cost	$6,887,000	$7,111,000	$224,000	3%
9	Other Operating Expenses	$148,043,000	$76,695,000	($71,348,000)	-48%
	Total Operating Expenses	**$815,994,000**	**$441,952,000**	**($374,042,000)**	**-46%**
	Income/(Loss) From Operations	**$5,972,000**	**($16,512,000)**	**($22,484,000)**	**-376%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	($2,530,000)	$1,075,000	$3,605,000	-142%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($17,533,000)	($4,407,000)	$13,126,000	-75%
	Total Non-Operating Revenue	**($20,063,000)**	**($3,332,000)**	**$16,731,000**	**-83%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($14,091,000)**	**($19,844,000)**	**($5,753,000)**	**41%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($14,091,000)**	**($19,844,000)**	**($5,753,000)**	**41%**

Attachment C

Source=SFC consld-Mar16 /Mar 15

Trinity Health - New England (Hartford)

Monthly Financial Measurement/Indicators	March 16 YTD	March 15 YTD	March 16 MTD	March 15 MTD	Comments
A. Operating Performance:					
Operating Margin	(3.9%)	1.3%	3.6%	(0.6%)	operating income/operating revenues
Non-Operating Margin	NA	NA	NA	NA	
Total Margin	2.8%	7.6%	12.6%	5.8%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	0.9%	1.0%	0.6%	1.4%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:					
Current Ratio	2.0	2.1	2.0	2.1	current assets/current liabilites
Days Cash on Hand	53.5	76.5	53.5	76.5	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables	34.5	38.1	34.5	38.1	net ar/net patient ser rev/days in yr
Average Payment Period	48.3	55.0	48.3	55.0	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:					
Long-term Debt to Equity	149.8%	117.3%	149.8%	117.3%	total debt/total equity(net assets)
Long-term Debt to Capitalization	60.0%	54.0%	60.0%	54.0%	LTD/LTD+net assets
Unrestricted Cash to Debt	46.0%	62.6%	46.0%	62.6%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	(2.5)	1.9	4.7	0.6	EBIT/Interest expense
Debt Service Coverage Ratio	0.9 x	2.1 x	0.9 x	2.1 x	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	21.8%	23.9%	21.8%	23.9%	Net assets/total assets
D. Additional Statistics (in thousands)					
Income(Loss) from Operations	$ (16,512)	$ 5,319	2,908	(376)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ (19,844)	$ (11,271)	4,959	(10,659)	Net gain(loss)
EBITDA	$ 11,804	$ 30,785	$ 10,208	$ 3,925	based on net income(loss) from operations
Patient Cash Collected	NA	NA	NA	NA	
Cash and Cash Equivalents	$ 100,142	$ 127,634	100,142	127,634	from cons bs
Net Working Capital	$ 106,041	$ 123,695	106,041	123,695	current assets-current liabilities
Unrestricted Assets	$ 93,165	$ 125,633	93,165	125,633	from cons bs

Note: Loss from operations primarily a result in timing of state payments; approximately $11 million due to Saint Francis for the 12 months ending 6/30/2016.

Saint Francis Hospital and Medical Center Consolidated

Monthly Financial Measurement/Indicators	March 16 YTD	March 15 YTD	March 16 MTD	March 15 MTD	Comments
A. Operating Performance:					
Operating Margin	(3.0%)	2.0%	4.4%	0.5%	operating income/operating revenues
Non-Operating Margin	NA	NA	NA	NA	
Total Margin	4.6%	9.2%	14.6%	7.8%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	0.9%	0.9%	0.6%	1.2%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:					
Current Ratio	2.2	2.3	2.2	2.3	current assets/current liabilites
Days Cash on Hand	51.7	78.4	51.7	78.4	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables	35.8	37.6	35.8	37.6	net ar/net patient ser rev(after bd)/days in yr
Average Payment Period	46.8	55.7	46.8	55.7	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:					
Long-term Debt to Equity	140.5%	118.4%	140.5%	118.4%	total debt/total equity(net assets)
Long-term Debt to Capitalization	58.4%	54.2%	58.4%	54.2%	LTD/LTD+net assets
Unrestricted Cash to Debt	40.1%	54.4%	40.1%	54.4%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	(1.3)	2.3	5.0	1.3	EBIT/Interest expense
Debt Service Coverage Ratio	1.2 x	2.2 x	1.2 x	2.2 x	(Net income+int+depr)/(st debt+int exp)
Equity Financing Ratio	20.1%	24.2%	20.1%	24.2%	Net assets/total assets
D. Additional Statistics (in thousands)					
Income(Loss) from Operations	$ (10,912)	$ 7,159	3,156	292	Net income(loss) from operations
Revenue Over/(Under) Expense	$ (13,490)	$ (9,432)	5,459	(9,991)	Net gain(loss)
EBITDA	$ 16,924	$ 32,129	$ 10,375	$ 4,510	based on net income(loss) from operations
Patient Cash Collected	NA	NA	NA	NA	
Cash and Cash Equivalents	$ 77,295	$ 106,881	77,295	106,881	from cons bs
Net Working Capital	$ 105,953	$ 126,170	105,953	126,170	current assets-current liabilities
Unrestricted Assets	$ 93,442	$ 125,549	93,442	125,549	from cons bs

Note: Loss from operations primarily a result in timing of state payments; approximately $11 million due to Saint Francis for the 12 months ending 6/30/2016.

Trinity Health - New England (Hartford)

		March 16 YTD	March 15 YTD	Explanation
D.	**Additional Statistics**			YTD net patient revenue increased $19M, supplemental state payments decreased and state tax increased.
	Income(Loss) from Operations	(16,512)	5,319	Operating expenses increased $42M due to costs of drugs and medical supplies; professional fees for EPIC support, nurse registry fees, merger due diligence, JMMC acquisition and purchase accounting including depreciation and SFMG's increased loss of ($2.7M).
	Revenue Over/(Under) Expense	(19,844)	(11,271)	Variance in swap activity of $17.8M for 6 months ended March 31, 2015. SWAP transferred on 10/1 to Trinity Health
	EBITDA	11,804	30,785	YTD net patient revenue increased $19M, supplemental state payments decreased and state tax increased. Operating expenses increased $42M due to costs of drugs and medical supplies; professional fees for EPIC support, nurse registry fees, merger due diligence and JMMC acquisition. SFMG's YTD loss increased ($2.7M).
	Patient Cash Collected	NA	NA	
	Cash and Cash Equivalents	100,142	127,634	Decrease in a/p ($7.3M); increase in due from affiliates $13.7M; funds expended for tail liablility $8.5M; JMMC purchase $2.3M; decrease in supplemental payments from the State; SWAP and debt termination expenses
	Net Working Capital	106,041	123,695	Decrease in cash and cash equivalents ($26.7M); decrease in a/r patient ($4.6M), decrease in a/p ($7.3M)
	Unrestricted Assets	93,165	125,633	YTD loss ($16.5M); increase pension liability due to change in mortality tables offset by transfer of SWAP liability to Trinity

Saint Francis Hospital Consolidation

		March 16 YTD	March 15 YTD	
D.	**Additional Statistics**			YTD net patient revenue increased $14.8M, supplemental state payments decreased and state tax increased. Operating
	Income(Loss) from Operations	(10,912)	7,159	expenses increased $32.9M due to costs of drugs and medical supplies, professional fees for EPIC support, nurse registry fees, merger due diligence, JMMC acquisiton and purchase accounting adjustments including depreciation.
	Revenue Over/(Under) Expense	(13,490)	(9,432)	Variance in swap activity of $17.8M for 6 months ended March 31, 2015. SWAP transferred on 10/1 to Trinity Health
	EBITDA	16,924	32,129	YTD net patient revenue increased $14.8M, supplemental state payments decreased and state tax increased. Operating expenses increased $32.9M due to costs of drugs and medical supplies, professional fees for EPIC support, nurse registry fees, merger due diligence and JMMC acquisiton.
	Patient Cash Collected	NA	NA	
	Cash and Cash Equivalents	77,295	106,881	Decrease in a/p ($7.7M); increase in due from affiliates $6.1M; funds expended for tail liablility $8.5M; JMMC purchase $2.3M
	Net Working Capital	105,953	126,170	Decrease in cash and cash equivelents ($30M), decrease in a/p ($7.7M), increase in due from affiliates $6.1M.
	Unrestricted Assets	93,442	125,549	YTD loss ($10.9M); increase pension liability due to change in mortality tables offset by transfer of SWAP liability to Trinity

Greer, Leslie

From: Rotavera, Liz <LRotaver@stfranciscare.org>
Sent: Thursday, June 30, 2016 2:51 PM
To: User, OHCA
Cc: Hartley, Christopher; Cable, Kimberly
Subject: DN: 15-31979 CON filing requirement
Attachments: DN 15-31979 CON filing 6 30 16.pdf; Cover letter 6 30 16.doc

To Whom it May Concern and Karen Roberts,

Please see the above pdf and word document for the filing requirement under DN: 15-31979 CON.

A copy of this document will be sent regular mail to you as well.

Thank you.

Liz Rotavera (on behalf of Chris Hartley)

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114 Woodland Street
Hartford, CT 06105
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R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

June 30, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Roberts:

In accordance with Item 8 of the Order dated August 1, 2015, and our March 30, 2016 letter enclosed is the final Community Health Needs Assessment for 2016 that was due June 30th. Also, as stated in our March 30, 2016 letter to OHCA, the Strategic Implementation Plan will be developed by 11/15/16 and will be sent to OHCA by 11/30/16.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-5573.

Thank you for your attention to this matter.

Sincerely,



R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations
Enclosures

114 Woodland Street
Hartford, CT 06105
860-714-5573
Fax: 860-714-8093

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R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations
Enclosures

SAINT FRANCIS
Hospital and Medical Center

EXECUTIVE SUMMARY AND KEY FINDINGS

The start of this Community Health Needs Assessment (CHNA) would likely be defined as the first meeting we had as a team back in March of 2015. But really it began as soon as the last CHNA was published in 2013. The lessons learned from that experience informed our approach and led us to the Centers of Disease Control Health Invest Model, which provides a framework for understanding the volumes of available data. We also had the benefit of the DataHaven Community Health and Wellbeing Survey, which provides significant input from community members.

Priority areas of focus and key findings:

- Survey respondents report being impacted by:
  - Obesity (69%)
  - Diabetes (68%)
  - Heart Disease (51%)
  - Substance Abuse (39%)
- Substance Abuse is a problem in urban and rural settings and accounts for 13% of hospital admissions
- Youth and Adult Tobacco Use is similar at 16% of the population
- Mental Health is one of the top 5 reasons for hospitalization.
- 54% of Hartford residents said it was not safe to walk in their neighborhood.
- Above all, poverty is seen as the main reason people suffer with poor health

What became clear as we listened to the community and looked further into the data is that improvements in health will only take place when solutions are designed to be sustainable; when the varied priorities of communities are valued; and when the systems that need improvement are changed. We look forward to finding those solutions and impacting the health and wellbeing of those who live in our community.

Approved and adopted by the Saint Francis Board of Directors June 22, 2016.

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I. ACKNOWLEDGEMENTS

Creating a comprehensive, useful and engaging Community Health Needs Assessment is a difficult task. Including the voices of the community, analyzing the data available and focusing the findings in a meaningful way requires input from many sources. This document would not have been possible without the generous support from the following groups and individuals, who took the time to share their knowledge, tell their stories and engage in discussion about potential solutions.

The CHNA team:

- Hartford Foundation for Public Giving – Scott Gaul, Yvette Bello
- Connecticut Children's Medical Center – Steve Balcanoff
- City of Hartford Department of Health and Human Services – Tung Nguyen
- Trinity Health - New England – Marcus McKinney
- Saint Francis Hospital and Medical Center – Rebecca Crowell
- Curtis D. Robinson Center for Health Equity – Lawrence Young and Mary Stuart
- University of Connecticut Medical School – Deborah Pacik
- Community Solutions – Gina Federico-Muslim
- DataHaven – Mark Abraham

We also benefited from frank discussions with Key Informants (community leaders and leaders of partner agencies) and significant input from community members without whom we would not have a context for understanding this data. Although these sources remain anonymous, their stories and observations provided critical insight for understanding what we found.

A thank-you as well is owed to our three very helpful (and wonderfully responsive) consultants: analyst Bernie Bernstein, writer Karen Berman and designer Kristen Tierney.

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III. INTRODUCTION

In recent years, the world of health care has undergone tremendous upheaval; old norms have imploded and new expectations have taken hold. Yet, more than a century after its birth, Saint Francis Hospital and Medical Center remains steadfast in its Mission: *to serve in the spirit of the Gospel as a compassionate and transforming healing presence within the community.* Saint Francis is committed to improving and enriching the lives of individuals and families in the region; combining compassionate care, superior technology and prevention-oriented education in centers of clinical excellence; and fulfilling its founders' vision of a hospital as a spiritual and healing environment.

This Community Health Needs Assessment (CHNA) is the first step in a process designed to better understand community needs by engaging health care providers, community leaders and community members in a conversation about how to improve health and well-being.

We are excited to share what we have learned and to find ways to collaborate on solutions. The exchanges that took place during the implementation of the CHNA demonstrate a readiness for collaboration across disciplines, in ways that respect community input. New ideas about how hospitals and health care systems can support community development are beginning to take hold, and Saint Francis Hospital and Medical Center is ready to embrace a leading role in Hartford. Our collaboration with Trinity Health has brought to the table significant expertise in this area. We look forward to the next steps in the process of developing a strategic plan for Community Health and Wellbeing designed to address the needs identified within this document.

A note about the format:
This CHNA is organized with a "story narrative" at the start of each chapter. These narratives relate the lives of composite characters developed from the many conversations and interviews held with community members and community leaders. They do not represent specific individuals and are fully fictional. However, the settings, challenges and comments reflect the realities of those who live and work in our community.

IV. A MISSION WITH STAYING POWER

The 161 bus rounds the corner at Sigourney Street and Asylum Avenue. As it passes the middle school and a series of community buildings, the Saint Francis Hospital and Medical Center campus rises into view. At the corner of Asylum and Woodland Street, the hospital looms on the right; to the left, the white spire of Grace Lutheran Church gleams in the distance.

At the bus stop, a handful of passengers disembark. The first to step off is a woman cradling her baby in one arm and guiding her six-year-old son with the other. "Cuidado," she says to him. "Watch out." A senior citizen follows, clutching the handrail firmly until he is safely on the terra firma of the sidewalk. A threesome of twenty-somethings come next, one of them maneuvering a wayward get-well balloon through the narrow doorway of the bus.

They join the steady parade of people who arrive by car—or in emergencies, by ambulance. Young and old, alone or in clusters, they form a never-ending procession, ebbing and flowing through the day and into the night, people from every corner of the city of Hartford and more than 50 surrounding communities. All come seeking care for a seemingly infinite number of health needs spanning the first moments of life to the last.

Altogether, this parade of souls added up to more than more than 83,000 emergency department visits and 32,000 inpatient discharges in 2015 alone.[i] Clinic visits for ongoing care add to these numbers, as do services provided at the many access centers affiliated with Saint Francis across the Greater Hartford region.

It's a far cry from the hospital's opening day in 1897, when the Sisters of Saint Joseph of Chambéry—four near-penniless nuns—overcame almost impossible odds to welcome Hartford's Asylum Hill neighborhood to their two-room hospital.

From the very first moment its doors opened, the new hospital offered a refuge for immigrants who wanted to know that their faith and traditions would be understood and appreciated if they ever needed inpatient care.

Saint Francis Hospital and Medical Center serves people from all walks of life, but has always reserved a special place in its efforts for those who most need its help—the poor and the most vulnerable of society. The dignity of every person, the importance of serving the common good and the sustainability of Earth are at the foundation of the hospital's daily practice.

OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR CORE VALUES

REVERENCE
We honor the sacredness and dignity of every person.

COMMITMENT TO THOSE WHO ARE POOR
We stand with and serve those who are poor, especially those most vulnerable.

JUSTICE
We foster right relationships to promote the common good, including sustainability of Earth.

STEWARDSHIP
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

INTEGRITY
We are faithful to who we say we are.

HEALING THE COMMUNITY

Saint Francis strives to fulfill its Mission in many ways. Hospitals will always be a place people go when they are sick, but in recent years, their role has expanded to that of community resource for the promotion of good health. Saint Francis is no exception; the hospital devotes significant resources to engaging and educating the community in the pursuit healthful living. In 2015, Saint Francis Hospital and Medical Center contributed over $104 million in benefits to the community.

The Curtis D. Robinson Center for Health Equity is the prime example of Saint Francis' commitment to both its historic Mission and the newer concept of hospital as champion and promoter of the health of its community. The center is a resource for both the community and the health care system to improve health equity through community engagement, education and training; health advocacy and health care systems change. This innovative model of a dedicated Health Equity team within a hospital system highlights the commitment of Saint Francis to help those most affected by health disparities. The center collaborates with neighborhood organizations, caregivers, health professionals, researchers, foundations, state agencies and others to eliminate health disparities in communities served by Saint Francis Hospital and Medical Center.

This Mission will help ensure health, well-being and improve outcomes by providing better access to less complicated services and eliminating barriers to quality care. This is our version of implementing the Triple Aim of Healthcare, a set of widely accepted public health goals that emphasize improved outcomes, increased satisfaction and lower cost.

MORE THAN A CENTURY OF CARING

From the beginning, Saint Francis Hospital served on the front lines against outbreaks of then-deadly infectious diseases, from typhoid fever to influenza, and later, polio in a facility that housed 32 patients in a ward. Much has changed since then. Today, Saint Francis Hospital and Medical Center fights newer but no less serious threats to health: cardiovascular disease, cancer, lung disease, diabetes, to name just a few. And it has grown to be New England's largest Catholic hospital, with 617 licensed inpatient beds, 65 bassinets and five centers of excellence that embrace patients at every stage of life (see Appendix 1).

AN EYE TO THE FUTURE

While Saint Francis strives to honor the legacy of the Sisters of Saint Joseph through its Mission of compassionate care, the hospital is hardly focused on the past. Saint Francis is continually looking ahead to anticipate better ways to deliver that care in a rapidly changing environment. The result is a patient-centered model of care designed to produce a patient experience of the highest measurable quality.

In 2015, Saint Francis Care and its affiliates were acquired by Trinity Health, one of the largest health care systems in the nation, and more importantly, an organization whose Mission and values are an ideal match for the hospital. The resources and benefits available to Saint Francis as a result of the

acquisition have positioned the hospital and its affiliates to respond nimbly to the changes in health care that the future will inevitably bring.

THE CHNA: A METRIC AND A MISSION

The federal Patient Protection and Affordable Care Act, passed into law in 2010, requires hospitals to conduct a Community Health Needs Assessment (CHNA)—a periodic evaluation of the health needs of the community they serve. The CHNA may be a modern-day metric, but it fits easily into Saint Francis' ongoing efforts to be a center of healing for its local and regional communities.

Saint Francis Hospital published its first federally mandated Community Health Needs Assessment in 2013 in partnership with the City of Hartford Department of Health and Human Services and the other Hartford-based hospitals. For this 2016 Community Health Needs Assessment the partners agreed to use the Centers for Disease Control's Health Investment Model. This approach affords an opportunity for ongoing assessment of the community's needs; focuses on community transformation and paves the way for the development of strong partnerships.

V. PROGRESS SINCE THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT: SOME GOOD NEWS, IN INCREMENTS

He never had any trouble breathing until he moved north a few years ago. Maybe it was the climate—so different from what he had known back home. Or maybe it was that old furnace in his uncle's apartment building. One day he felt his chest getting tight—and then it was hard to breathe. His uncle had gotten him to the hospital and they had given him a breathing treatment. And, then he could breathe again.

They gave him inhalers and a prescription for more, but sometimes he forgot them when he went out.

When he had another attack, this time at work, he had gone to the hospital again. The doctors there knew exactly how to ease his symptoms, and anyway, he didn't know where else to go. The Emergency Room seemed like a safe place—a good place—and as his attacks became more frequent, he would go there more often.

Then one time, they told him there was a better way to deal with his asthma. He was assigned a caseworker who helped him find a private doctor and sign up for health insurance to pay for his inhalers and other costs. She walked him through how to deal with the whole thing. And she checked in with him regularly to be sure he was remembering his inhalers and taking his asthma meds, so he wouldn't have to go to the Emergency Room. He was good with that.

The Affordable Care Act's CHNA mandate does not stop with assessment. It also requires hospitals to follow up with a strategic plan to address the needs identified.

In 2013, four goals were identified as priorities for the Saint Francis Hospital Implementation Strategy for Community Benefits. Three years later, here is a progress report:

GOAL 1: IMPROVE COMMUNICATION BETWEEN HEALTHCARE PROVIDERS AND PATIENTS

The Relationship-Based Care program continues to provide high-quality training and support to Saint Francis staff with a focus on cultural change that emphasizes respect. In addition, the Diversity Collaborative Team continues to offer free, rigorous cultural competency training and has embarked on a project to modify the hospital environment to signal inclusion for all patients who come through the door.

The Language Services Program (3+1) is now in effect throughout the entire hospital and its offsite locations. During FY2015, over 15,000 patients and their caregivers took advantage of the improved communication offered by this resource. The hospital now spends over $300,000 annually to support this program, which includes a new initiative to train bilingual staff who can assist with interpretation. Thus far, 25 staff members have been trained to serve as qualified interpreters.

GOAL 2: ADDRESS STRUCTURAL BARRIERS

Initiatives to support patients with complex health needs and to assist with transitions of care are underway. Navigators (professionals whose job is to help patients coordinate their health care) are now working with the Physicians Healthcare Organization, the Curtis D. Robinson Center for Health Equity, the Department of Surgery and the Cancer Center. These navigators support, advocate and coordinate patient needs. Two initiatives have shown particular success:

- The Emergency Department (ED) developed a partnership with Community Solutions, an international non-profit active in Hartford. The department analyzed ED visits and identified patients who used its services most frequently for conditions that had the potential to be managed more economically in other settings. Community Solutions assigned a case manager to a subgroup of the frequent ED users, assisting them with navigating the various barriers to care outside the ED on an ongoing basis, resulting in a 50 percent reduction in ED visits by this group of patients during the first year of implementation. The case manager served as go-between in communications with medical providers, helped with transportation and worked with clients to adhere to prescribed treatments.
- Saint Francis Hospital and Medical Center played a role in the expansion of health insurance enrollment in Connecticut. Thanks to a partnership between the hospital and Access Health CT (the state insurance exchange, which was established as a result of the

Affordable Care Act), financial assistance counselors from Saint Francis educated over 800 people about health insurance enrollment during the most recent open enrollment period. According to Access Health CT, the percentage of uninsured residents in Connecticut was cut in half from 8 percent to 4 percent in the past three years.

GOAL 3: FOCUS ON SPECIFIC CLINICAL AREAS OF NEED

Saint Francis clinical services include programs that are designed to address diseases known to have a significant impact on the health of those living in its service area. For many of these illnesses, preventive services and support for behavior change can affect the incidence of these diseases. Some highlights in this area include:

- Development of a comprehensive protocol for smoking cessation in the Behavioral Health Unit, which helps patients quit smoking during hospital stays.
- An increase in the types of prevention screening provided in the community, including: cholesterol, diabetes, prostate cancer, lung cancer, high blood pressure and early childhood development. More than 3,500 people have been served by these programs in the past year.

GOAL 4: TARGET SOCIAL DETERMINANTS OF HEALTH

Saint Francis addresses the social determinants of health largely through partnerships with community organizations that have experience and knowledge about how to engage residents and influence systems for positive change. Partnerships include the Asylum Hill Neighborhood Association (in an effort to increase affordable housing), the Blue Hills Civic Association and the Urban League (to address issues related to employment for youth), Community Solutions in connection with Harriott Home Health Services (to address cultural and logistical barriers to health care access) and Malta House of Care (to provide care to those who do not qualify for health insurance assistance).

Although progress has been made, the needs of the community served by Saint Francis Hospital continue to be significant. The CHNA 2016 is intended to identify these needs and develop priority areas of focus.

VI. A BROAD AND DIVERSE SERVICE AREA

He was born at Saint Francis, and he had lived all of his eighty-four years in the city of Hartford, except, of course, for the time he spent in the service. It was his city, and he had never given a thought to living anywhere else. It had changed a lot since his youth, as people became established and moved up and newcomers moved in. A lot of his neighbors had moved to the suburbs long ago, but he was a city boy. He liked the mix of people, all going their different ways. When he struck up a conversation, he liked hearing about where they came from. He liked overhearing bits of foreign languages in the streets. He even liked the bustle of traffic.

He thought of Saint Francis as "his" hospital. All three of his kids had been born there. They lived in the suburbs now, but when it was time for the grandkids to come into the world, they had made their debuts at Saint Francis. These days he visited Saint Francis for a different reason—his diabetes. His kids drove him when they could, and when they couldn't, he took the bus. It took a while to get there by bus, but he thought of it as another opportunity to enjoy the sights and sounds of his city.

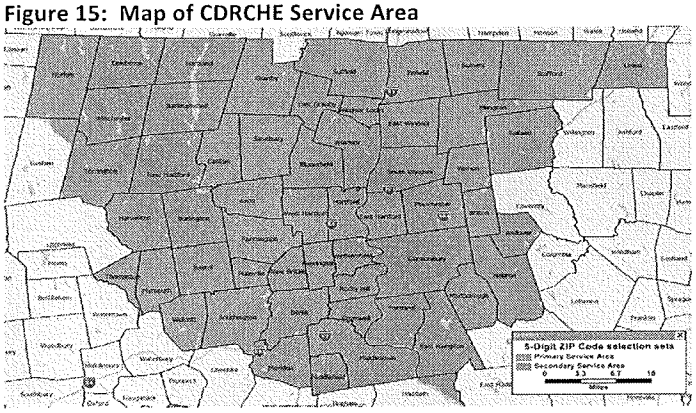
Saint Francis Hospital and Medical Center's service area comprises urban, suburban and rural communities that together form a rich and complex mixture of highly diverse populations—a rainbow spectrum of races and ethnicities, and a huge range of socioeconomic categories.

Its primary service area includes 18 towns and corresponds largely with the Greater Hartford region. This area includes towns north of Hartford, including Enfield, where our affiliated Care Partner and fellow Trinity Health – New England member Johnson Memorial Hospital is located (see Figure 15, Map of Service Area). A separate CHNA has been completed by Johnson Memorial Hospital, and its available on their website.

http://www.jmmc.com/jmmc/about/communityhealthneeds/

Seven of these communities have at least 1,000 annual patient discharges (see Table A). Further information can be found in Appendix 4.

Figure 15: Map of CDRCHE Service Area



Source: Saint Francis Hospital Planning Department 2016

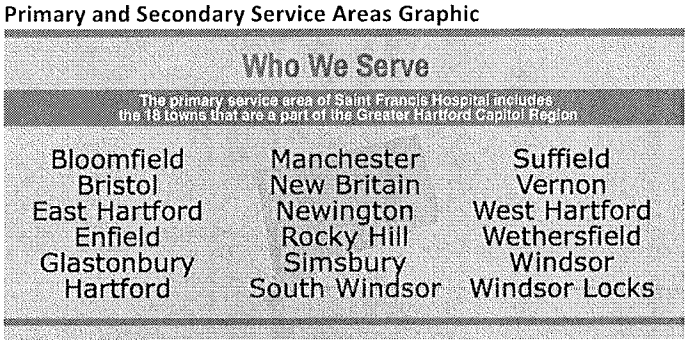
Table A

Table A Comparison of Primary Service Area Communities with at least 1000 Annual Hospital Discharges.

TOWN	ANNUAL DISCHARGES	POPULATION/ DENSITY	MEDIAN AGE	MEDIAN HOUSEHOLD INCOME
HARTFORD	6912	7204	30	$29,313
EAST HARTFORD	2236	2845	38	$50,355
ENFIELD	1522	1343	41	$68,166
BLOOMFIELD	1463	790	48	$73,519
MANCHESTER	1424	2126	36	$63,198
WINDSOR	1350	987	43	$79,244
WEST HARTFORD	2112	2902	42	$84,092

The hospital's secondary service area includes 14 towns largely to the west and south of the primary service area. These towns are more rural, and their needs are very different than those of the city of Hartford, which has more than three times as many patients discharged from Saint Francis Hospital than any other municipality.

Primary and Secondary Service Areas Graphic



A comparison of population density, household income and median age reveal that these communities are anything but uniform, and the resources for addressing concerns and needs of their residents differ as well. Yet, many of the health issues they face are similar; obesity, diabetes, heart disease and behavioral health were all mentioned by the leaders of health districts who serve these towns.

It is also clear from this comparison that Hartford is much poorer, younger and more densely populated than the surrounding towns. Not surprisingly, the highest numbers of patients seen at Saint Francis Hospital are from Hartford, in part due to the location of the hospital, its long history of providing services and the needs of Hartford residents. Given this inequity and the percentage of Saint Francis patients who are from the city, this CHNA has a significant focus on Hartford data and the critical health needs facing its residents.

HARTFORD: CITY OF CONTRASTS

Saint Francis Hospital and Medical Center campus is located in the city of Hartford, which is also the largest municipality in its coverage area. The city is best known as both the capital of Connecticut and as a center of the insurance industry (some call it the Insurance Capital of the World).

Located on the Connecticut River, the city became a center of trade, and goods were carried by ship in and out of the port from all around the world. Risky ocean transport gave rise to its famed insurance industry, a major presence in the city to this day. Homegrown industries thrived in Hartford as well. But many other elements have gone into the making of the city.

Hartford is a city of culture, home to the Wadsworth Atheneum, the nation's oldest public art museum; Bushnell Park, the nation's oldest public park and several other artistic and cultural organizations. Opera, symphony, theater and sports all contribute to the city's cultural life. In addion, Hartford is dotted with churches and faith-based organizations of varied denominations and sizes.

A MULTI-FACETED CITY

Today, the major employers in the Greater Hartford region include United Technologies, Hartford Financial Group, Chase Enterprise, St. Paul Travelers Insurance, Hartford Hospital, Aetna, Bank of America and Saint Francis Hospital. Most of those who work as professionals for these corporations do not live in the city; they reside in more

affluent surrounding communities that make up Saint Francis Hospital's secondary service area.

Hartford's population of 125,000 is composed of all races and myriad ethnicities. Some 44 percent of its citizens are Hispanic/Latino and 35 percent Black/African American, with subgroups that include refugees and immigrants from Africa, Eastern Europe, the Middle East, Asia, South America and the West Indies. Additionally, 22 percent of the total population in Hartford is foreign-born, bringing a tremendous diversity to the city.

The city is proportionately younger than the rest of the state as well as the country; over 25 percent of its residents are under age 17, and only 9 percent are over age 65, as compared to 22 percent and 15 percent for the state as a whole. This affects age-related health issues such as some forms of cancer, violence and accidental injury.

Hartford is a city of vibrant neighborhoods—17 distinct neighborhoods, to be exact—with a variety of housing stock ranging from high-rise downtown luxury apartments and condos to historic houses to single-family homes and a variety of rental options. The city's many neighborhoods are supported by a roster of community organizations that focus on issues such as economic development, housing, assimilation of new immigrants, education and historic preservation.

The city's 18 acres are dotted with green space—more than 20 parks of all sizes, which provide a respite from the commotion of the urban environment.

VII. THE CHNA PROCESS: A REVIEW OF EXISTING DATA AND MEASURMENT OF COMMUNITY PERSPECTIVE

The telephone chirps its insistent ring. The four-year-old sees her mother busy with the baby and runs to answer it.

"Hello?" she says. And then, in a louder voice, calls "Mom," drawing out the word to make it more than one syllable.

"A lady wants to talk to you about your health."

"My health?" The mother tucks the baby into his crib and picks up the phone.

"Hello?"

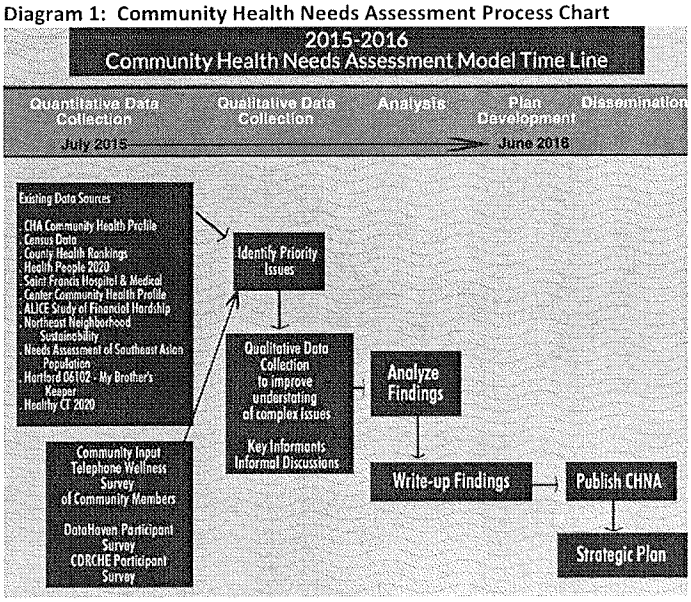
The voice on the other end of the line laughs softly.

"Was that your daughter? She's so cute! We are calling residents in Connecticut towns to ask them questions about the health of their community. The survey takes about 20 minutes; is this a time that would work for you??

Saint Francis' 2016 CHNA is based on an iterative community engagement and data collection strategy that began in July of 2015 and continued for the next nine months (see Diagram 1). The process commenced with the identification of a team

representing health care, community development, government and local groups and community foundation agencies. Work officially began with an agreement among these groups to review existing data sets; to engage DataHaven (a nonprofit data-collection organization specializing in public health) to complete telephone interviews of community residents; to involve program participants and conduct interviews and discuss priorities with "Key Informants" (community leaders and leaders of partner agencies, see Appendix 2).

Diagram 1: Community Health Needs Assessment Process Chart



Mary Stuart, Saint Francis Hospital, 2016

All aspects of the information-gathering process were designed to reach beyond the walls of the hospital to get answers to the questions: *Who? What? Where? How?* Throughout, the emphasis was on significant community input—in the form of telephone interviews with community members, surveys of program participants, informal discussions with community leaders and interviews with Key Informants to gain a better understanding of *what* is affecting the health of the Hartford Region. The team collected data at the local level to facilitate and identify *where* the greatest needs are concentrated and gathered information from collaborative partners through Key Informant interviews to maximize *who* should be included for collective impact. The resulting assessment will serve as a starting point to develop data-driven goals and strategies on *how* to address the needs that have been identified.

Findings from the CHNA will be used to develop a balanced portfolio of interventions in the areas of:

- Socioeconomic factors and the physical environment
- Health behaviors
- Clinical care

ANALYSIS OF EXISTING DATA SETS

The CHNA research team consulted existing data sets from a variety of sources, including (See Appendix 3 for list of website addresses):

The ALICE Study of Financial Hardship Report was based on 2012 data and commissioned by the Connecticut's United Way organizations. The study, carried out by the Rutgers University-Newark School of Public Affairs and Administration (SPAA), utilizes substantial community social and economic data to calculate indicators of financial viability and marginality, such as the "ALICE Threshold." ALICE is an acronym for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed; the ALICE Threshold is "the actual cost of basic household necessities on a per county basis," i.e., the adequate survival level above the federal poverty guidelines. This metric provides a more realistic assessment of the "working poor."

Data are provided for the state, by county and major municipal areas, including Hartford.

The Northeast Neighborhood Sustainability Plan – Health Impact Assessment **(2014)** is the result of a remarkable initiative comprising community organizing, assessment and plan development, led by community residents and stakeholders in Hartford's impoverished North End. This plan was drafted under the direction of Community Solutions, an international non-profit active in Hartford. It identified community concerns and local resources and mobilized stakeholders to collectively address social determinants known to affect health problems characteristic of the area, such as street safety, deteriorating public and private infrastructure and green spaces, a lack of recreational opportunities and high unemployment.

Needs Assessment on the Southeast Asian Population in Connecticut (2014) was conducted by the Asian Pacific American Affairs Commission. The report presents data from a cross-sectional, face-to-face survey with 300 Asian Pacific residents of Connecticut (100 of Laotian origin, 100 Vietnamese and 100 Cambodian). Extensive data on demographics, health issues, health access were collected.

Hartford 06120 (2015) is a report generated by the My Brother's Keeper/Violence Free Zone Coalition. The report details the community assessment, program development and preliminary outcomes of the coalition's efforts to support education, foster employment opportunities and reduce violence among Hartford's North End youth. Data presented include a demographic profile and data on employment, educational attendance and graduation and violent injury data. The report concludes with recommendations for sustaining and enhancing the programs developed by the coalition.

Healthy Connecticut 2020: State Health Assessment report (2014) was developed by the Connecticut Department of Public Health with the assistance of the Connecticut Health Improvement Planning Coalition's Advisory Council. Data was compiled from an abundance of sources from the past year and decade, including 2010 census data, statewide hospital data and numerous other state reports. Seven focus areas were described: maternal, infant and child health; chronic diseases and their risk factors; infectious disease; mental health, alcohol and substance use; injuries and violence, environmental risk factors and health system data.

The Saint Francis Hospital and Medical Center Community Health Profile (2015) was provided by the Connecticut Hospital Association. This document summarizes hospital admissions and related data for the Saint Francis service area, with statewide comparisons extracted from data annually reported to the CHA by most hospitals in the state. The report features a demographic and social profile, summaries and key insights concerning 13 "leading health indicators."

COMMUNITY INPUT SOURCES

The CHNA research team used 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).

The 2015 DataHaven Community Health and Wellbeing Survey was conducted by DataHaven, a nonprofit public service organization, and was supported by over 100 state and local government, health care, academic and community partners. DataHaven's Mission is "to improve quality of life by collecting, interpreting and sharing public data for effective decision-making." The organization designed and conducted a telephone survey that collected information from a sampling of 16,820 residents of Connecticut and several zip codes in Westchester County, New York state. The sample was drawn with a random-digit dialing methodology and included subjects from all 169 Connecticut towns. Questions derived from a variety of standard surveys yielded data on residents' perceptions of their wellbeing, quality of life, neighborhood, employment and public health. The raw data and weighted data aggregated by various demographic variables are available online. This study represents an enormous resource for health care and social service agencies throughout Connecticut.

The Curtis D. Robinson Center for Health Equity Participant Survey (2015) generated data by conducting voluntary written participant surveys at public, typically faith-based, health screening events conducted by the center's staff. Demographic data, checklists of health concerns and access issues were collected in an effort to determine priorities for health education and engagement activities.

"Key Informant" interviews and informal discussions with community leaders were also used to gain insight into issues affecting the health of the community. The CHNA research team conducted qualitative telephone interviews of community leaders. The Key Informants consulted for this study have lived and/or worked in Hartford for decades. Some grew up in Hartford and have worked there all their lives. Others have worked in Hartford for decades. Most have been working in the public health field for 10 to 20 years. Participants were from community-based organizations, such as the Hispanic Health Council, Food Share and the YMCA, while others were from public health agencies, such as the Department of Health and Human Services.

The CHNA research team also engaged with leaders of partner organizations about priority health issues and how to have a positive impact on those they serve.

VIII. CHNA FINDINGS: A MODEL FOR UNDERSTANDING HEALTH NEEDS

They had gotten together over lunch for one of their periodic catch-up sessions. It was easy to feel burned out in this kind of work and sometimes it was just good to talk to someone who understood the challenges. The pair had known each other since their school years, and both had gone into social services. She worked with a public health agency and he was from a youth services program. The modest conference room at her office wasn't being used, so they opened their bag lunches on the table and dug in.

"I have one case that's just so hard," she said. "The father has been out of work for two years. He's hypertensive and he just had a heart attack. No wonder he's also depressed. The mother works part-time and does all of the housework. When I've been to see the father on home visits, the kids are acting out, showing signs of stress."

"That's so typical," he said. "Kids might not be able to express it in words, but their behavior will always tell you when there's stress at home. Were they there when he had the attack? Having a sick parent is hard for a kid."

I don't know where he was," she said. "But even if they weren't with him, it's devastating. Now he's supposed to be on his diet, but it's hard for him to stick to it, because their SNAP benefits typically run out a few days before the end of the month, and anyway, the only place that sells food in their neighborhood is a convenience store. That's a minefield for a hypertensive cardiac patient! The supermarket is across town, at the beginning of the month she pays for bus fare or a taxi to get home after she stocks up on groceries. She's got it down to a science, but she still winds up at the pantry at the end of the month—and whatever's there is there—salty canned foods, like canned ham and mac 'n' cheese.

"It all comes down to money," he replied. "Everything—what you eat, where you live, the quality of the school your kids go to. And any little hiccup—things that middle class people in the 'burbs wouldn't think twice about—can be a crisis. I had a kid whose brother threw one of his sneakers down the sewer. So he didn't go to school for two weeks because he didn't have shoes. The family had just enough money for rent and food. They're fairly new in town and the parents don't speak English well, so they didn't know where to go for help. When I found out about it, I got the kid a pair of sneakers—and some boots for the snow. But by then he had already missed two weeks of school. Oh, and they don't have a working phone, so when the school tried calling, they couldn't get through. Money again."

"It's really heartbreaking," she replied.

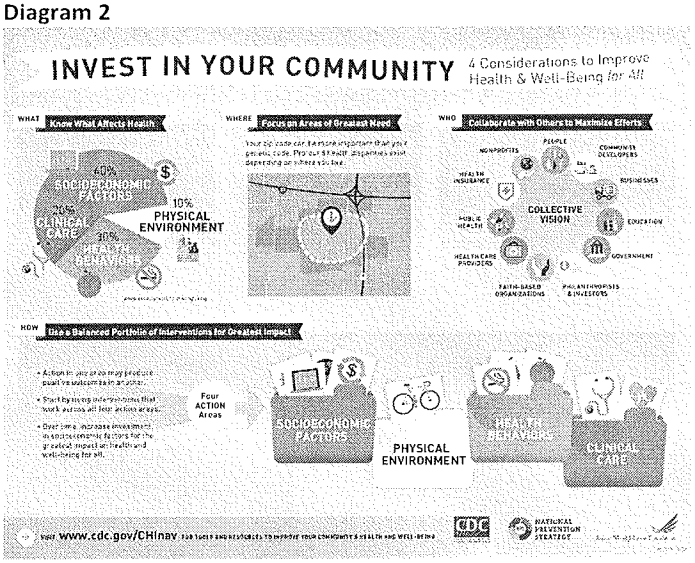
Barriers to good health have a disproportionate effect on those who live in poverty, and those barriers fall into several broad categories. The federal Centers for Disease Control and Prevention (CDC) created a framework that defines the elements of good health and published this framework as an infographic titled "Invest in Your Community: 4 Considerations to Improve Health and Wellbeing for All" (see Diagram 2).

Data collected and reviewed by the CHNA team was analyzed using a modified version of the CDC's framework. This model is organized to focus the findings into categories that impact health.

- Socioeconomic Factors and Physical Environment, which account for 50 percent of the health "pie"
- Health Behaviors, which account for 30 percent
- Clinical Care, which accounts for 20 percent.

(Note that the CDC model considers socioeconomic factors and the physical environment as two separate elements of good health; however, the Saint Francis CHNA team chose to consider them together, as they are often interdependent.)

Diagram 2



CDC Graphic: Diagram 2: Invest in Your Community

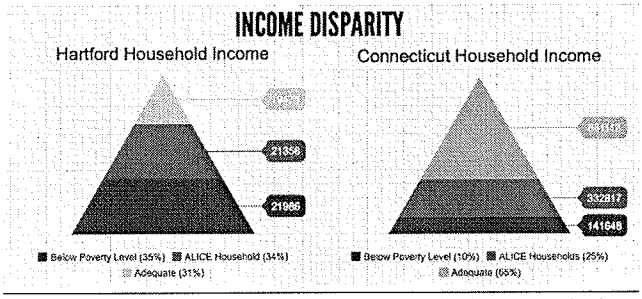
SOCIOECONOMIC FACTORS AND PHYSICAL ENVIRONMENT

Good health owes to a combination of factors: genetics, lifestyle, environment, medical care, education and, most importantly, place. Where you live is the greatest predictor of what how healthy you will be. People are born with their genetic makeup, but the other factors that contribute to health depend on resources like a good education, a safe neighborhood, employment opportunities, affordable housing, appropriate medical care, community support and an environment that allows for good lifestyle choices, these factors are known as the "social determinants" of health. The Key Informants consulted for CHNA 2016 had much to say about the socioeconomic factors impacting health, as did the quantitative demographic and public health sources analyzed.

Income, Employment and Poverty

The data about poverty in Hartford is dramatic. When combined, the numbers of households living below the federally defined poverty level *and* those living at the ALICE Threshold (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) reveal that only 31 percent of Hartford households had adequate income, compared to statewide figures of 65 percent of households with adequate income (see Figure 1). The DataHaven survey found that the median household income for Hartford is $29,313; less than half that of the state average of $69,899.

Figure 1: Income in Hartford and Statewide

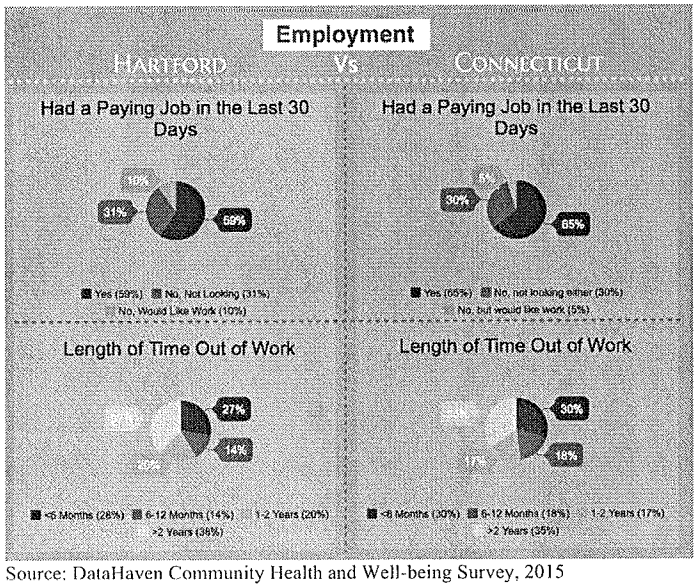


The ALICE report, coordinated by the Connecticut United Way organizations, measures the percentage of families who are financially insecure and may be unable to pay for their families' basic needs, which are: housing, child care, food, health care, and transportation. As shown above, two-thirds of Hartford's residents struggle to pay for their basic needs.

Many interviewees said that access to the resources needed for good health is based on economics—specifically, on an individual or household's income. Good lifestyle choices are easier to make when there is enough income available to follow through on them; healthful environments are likewise more easily accessible when an individual or household has the income to afford them. Time and again, the Key Informants consulted for this CHNA cited poverty and/or low income as a significant barrier to a healthy community. "When it comes to poverty, you have very, very limited opportunities and options and that absolutely, directly impacts who you are, how you are and your overall wellbeing," said one.

Nor does Hartford's overall employment rate fare well when compared to that of the state as a whole. Some 59 percent of Hartford residents held jobs during the 30 days prior to the survey, as compared to 65 percent statewide. And twice as many Hartford residents were actively seeking employment as residents of the state as a whole (see Fig 2).

Figure 2: Employment in Hartford and Statewide



Source: DataHaven Community Health and Well-being Survey, 2015

Twice as many people are looking for employment in Hartford compared to the state overall.

Some of the Key Informants for this CHNA maintained that poverty is the underlying factor to all the other barriers to health, and said that it impacts all aspects of life and makes it difficult for individuals to meet their basic needs. As one person said, "It affects everything." Another Key Informant

summed up the issue of poverty and its global impact on the quality of life by saying, "The barriers that have been identified [education, employment, and safety]. . . are really about opportunity and resources. . . . It's a lot more challenging and difficult for individuals to be able to secure employment that is actually able to sustain a quality of life for them and their families."

EDUCATION

Clearly, the level of educational attainment is correlated with employment and poverty, which determines where children live and, in turn, which schools they attend. One Key Informant put it like this: "In a larger sense, it's a city that is so poor, it has less of a tax base and that impacts city services, so then it impacts the education system. So it creates, in a sense—I hate to say a cycle of poverty 'cause I hate the way that usually is used—but in this sense, poverty impacts the city's ability to turn the situation around unless larger systems are changed in a much more fundamental way."

Only 70 percent of Hartford residents over age 25 have a high school diploma, as compared to 90 percent of state residents. Additionally, just 5 percent of city residents complete college, compared to 37 percent of residents throughout the state. Data from *Hartford 06120* by the My Brother's Keeper/Violence Free Zone Coalition highlights the issue of chronic absenteeism, which affects the rate of graduation. In the Northeast neighborhood, between 30 and 65 percent of students are absent from school each day. If this were due to illness, it would be seen as an epidemic.

UNSAFE NEIGHBORHOODS

Violence and neighborhood safety have a direct impact on health in areas of Hartford. Some of the residents surveyed noted that they feel unsafe in crosswalks and walking on sidewalks, while others bemoaned the lack of bike lanes. Even more reported feeling threatened walking the streets in their own neighborhoods (see Figure 3). Indeed, homicides and physical violence are a frightening reality in some areas. In 2015, Saint Francis had 2,985 Emergency Department visits and 225 inpatient admissions resulting from attempted homicides and intentional injuries. *Hartford 06120,* the report by My Brother's Keeper/Violence Free Zone, noted that the city's homicide rate increased from 15 murders in 2014 to 31 homicides in 2015. A survey by the Curtis D. Robinson Center for Health Equity found that 46 percent of Hispanic respondents had been "impacted by violence" (see Figure 4). This finding is supported by data from the National Center for Children in Poverty, which found between 25 and 90 percent of children and youth experience events that leave them traumatized.

Trauma has a disproportionate effect on members of minority groups. Using statistics from the Saint Francis Hospital Trauma Registry and Medical Center, *Hartford 06120* reported that in 2015, 75 percent of its trauma patients were black/African American; 18.5 percent were Hispanic and 7.3 percent were white or "other."

Figures 3 & 4: Hartford Neighborhood Safety Concerns and Violence in Hartford

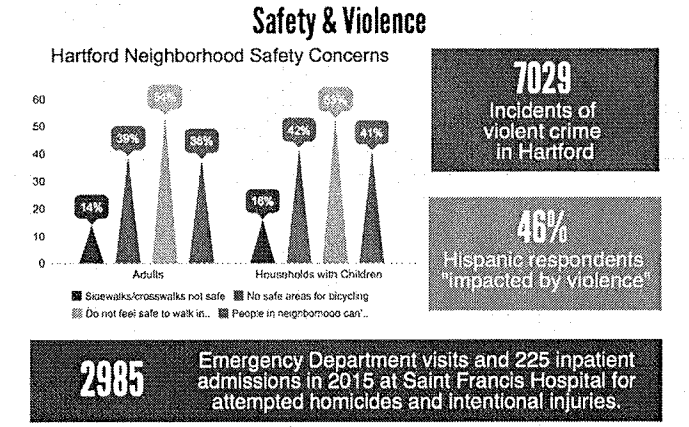


Figure 3 Source: DataHaven Community Health and Well-being Survey, 2015. Figure 4 Source: Northeast Neighborhood Community Solutions Report, 2010 data. Connecticut Hospital Association CHME report. Curtis D. Robinson Center for Community Health Equity Survey.

For some Hartford residents, violence seems to be something they know and live every day. One Key Informant put it this way: "We get a lot of the gunshot victims. So after the gunshot, they're going home paralyzed, same home, same neighborhood, same idea that violence may be the answer. The nurse goes in and makes a home visit and it is in this environment where they're plotting and planning that you're not even certain if you're safe."

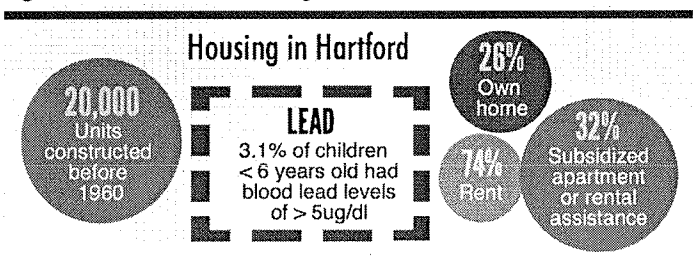
Housing

Housing is a basic human need, and one that contributes to health in innumerable ways, both directly and indirectly. As one of our Key Informants noted, "You may have the most wonderful hospital in the world, but if people are going home to houses that are not properly heated, or going to poison them because of lead, or in neighborhoods where you worry if you send your children outside, then it's not a healthy community."

Some 20,000 housing units in Hartford were constructed prior to 1960, according to *Healthy Connecticut 2020* (see Figure 5). Older housing brings with it an assortment of threats to health that range from deteriorated conditions to insufficient heat to high levels of lead. In Hartford, over 3 percent of children less than age 6 have blood lead levels over 5 µg/dl [2] which puts them in the 97th percentile as compared to national lead levels.

One Key Informant commented that for some city residents, being able to afford any housing at all remains a challenge. Lacking enough income and/or consistent income, "they jump from one housing place to another," resulting in a lack of stability and continuity in other areas of life, including their health care, the informant said. Home ownership in Hartford is very low, at 26 percent, compared to a state average of 67 percent.

Figure 5: Facts about Housing in Hartford



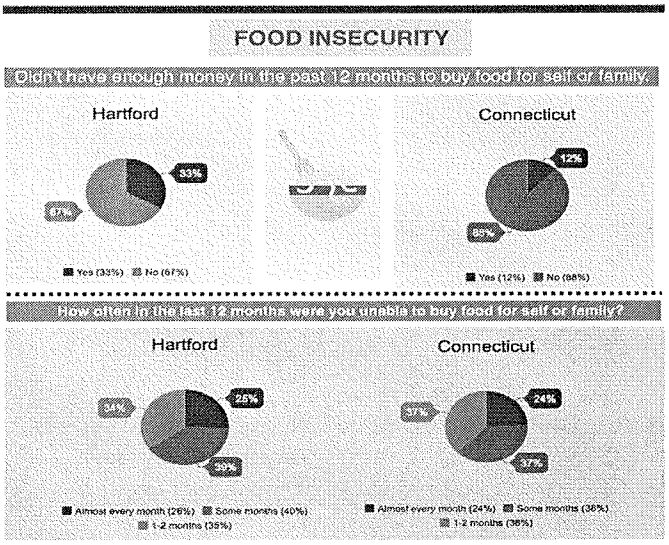
Sources: Connecticut Department of Public Health, *Healthy Connecticut 2020: State Health Assessment* 2014. Connecticut Department of Public Health, Child Lead Levels 2015. DataHaven Community Health and Well-being Survey 2015

DataHaven developed a "Housing Insecurity Rate" which is made up of a set of questions that measure the cost of housing compared to income; rate of home ownership; satisfaction with current housing; length of residency and plans for

continued residency. The rate of housing insecurity in Hartford is 12 percent, twice that of the state overall. This lack of housing stability impacts both physical and emotional health and is inextricably linked to poverty.

As one Key Informant said, "Poverty impacts housing; if folks don't have a sustainable job and a sustainable income, they jump from one housing place to another and especially for the young children, it doesn't create the kind of stability that is needed."

Figure 6: Not Enough Money for Food: Hartford and Statewide



Source: DataHaven Community Health and Well-being Survey, 2015

Food Insecurity

Food insecurity—the lack of regular access to a high-quality, varied and healthful diet, or worse, the lack of regular access to any food at all—is common in Hartford. More than one-third of residents surveyed reported lacking enough money to feed themselves or their families at some point in the 12 months prior to the survey, and of those, 25 percent said this happened repeatedly (see Figure 6). "People who are below poverty [level] tend to need food assistance all the time," said one Key Informant. Those who are working but still, as the Key Informant said, "'near poor,' are not necessarily eligible for any government assistance, but they're not making enough money to pay all their bills. That makes them food-insecure." Even for those who can buy food, the availability of *healthful* food is yet another challenge, especially for people who must rely on mass transportation and live in neighborhoods without supermarkets where fresh produce and other healthful choices are available. "You have the mom-and-pop stores and the bodegas, but when we talk about access to healthy foods and vegetables, you don't see that in Hartford."

In Hartford, over one-third of residents surveyed report not having enough money to feed themselves and their families. Of the people who don't have enough money for food on a regular basis, 25 percent don't have enough food almost every month. Children were living in over 30 percent of the homes that reported inadequate money for food. Compare this to Connecticut as a whole, where just over 10 percent of residents reported insufficient funds to pay for food on a regular basis.

Transportation

Of those who live in Hartford, only 58 percent indicated they had regular access to a car, as compared to 85 percent in Connecticut as a whole. Access to reliable transportation is correlated with income; low-income residents indicated they had access 33 percent of the time, while and upper-income residents had access 92 percent of the time. In Hartford, 25

percent of residents indicated that public transportation is their primary means of getting from place to place. Transportation barriers are also cited as a reason for not going to health care appointments.

HEALTH BEHAVIORS

In the CDC's model for community health and wellbeing, health behaviors account for 30 percent of the health equation. Health behaviors refer to choices that individuals make with regard to their lifestyle or habits that are known to influence their health. Data about diet and exercise, obesity and substance abuse are included in this section.

Several Key Informants commented that people who face multiple significant challenges--starting with poverty and continuing with the struggles in housing, education, child care, safety and others that result—simply don't have the bandwidth left over to make health and/or healthy lifestyle choices a priority.

Diet, Exercise and Obesity

The problem of obesity has gained renewed attention in recent years, especially thanks to First Lady Michelle Obama's efforts to promote healthful eating and exercise. The health risks of obesity have become well known; it has been linked to diabetes, heart disease and high blood pressure.

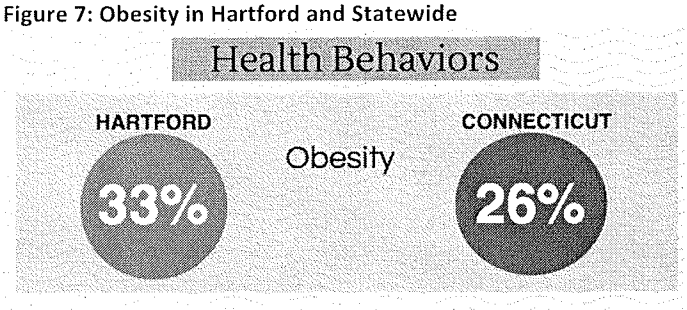
But despite the widespread publicity about the benefits of a healthy diet and maintaining a healthy weight, making behavioral choices to fight obesity is more of a challenge in some neighborhoods than others. It's easier to eat fresh produce on a regular basis when it is available in a nearby supermarket that you can get to in a private car and you have sufficient income. For those who rely on mass transportation, have no local markets that carry fresh foods and can't afford higher-priced selections, eating for health—a key health behavior—is no easy matter (see Figures 6 and 7).

As one Key Informant said, ""A lot of the general public does not understand the connection between food insecurity—let's just call it simply someone who's been hungry—and obesity. They may be eating food because it's donated food and that's all they're being offered. . . . Someone with high blood pressure is eating too much salt because that is what's donated—a whole lot of canned food. And they're eating canned food two and three times a day, if that's what they're being offered." Another Key Informant pointed out: "Someone who is working two or three jobs in order to feed their family . . . [has] very little time left in their day to do basic things: go to the food store, prepare a meal, shop, or meal planning. And so they end up needing to do things in the shortest amount of time, which generally means less healthy options."

The rate of obesity in Hartford is 33 percent, comparable to that of the state of Alabama—which means that the prevalence of obesity among Hartford residents is equivalent to that of the top five states with the highest rates of obesity nationwide. In contrast, the state of Connecticut is ranked 43rd for overall obesity rates.

Data from the Curtis D. Robinson Center for Health Equity Participant Survey showed that diseases linked to health-related behaviors impact Hartford residents at alarming rates.

Figure 7: Obesity in Hartford and Statewide



Source: Connecticut Department of Public Health, Healthy Connecticut 2020: State Health Assessment, 2014.

Figure 8: Have you or has someone close to you been impacted by . . .

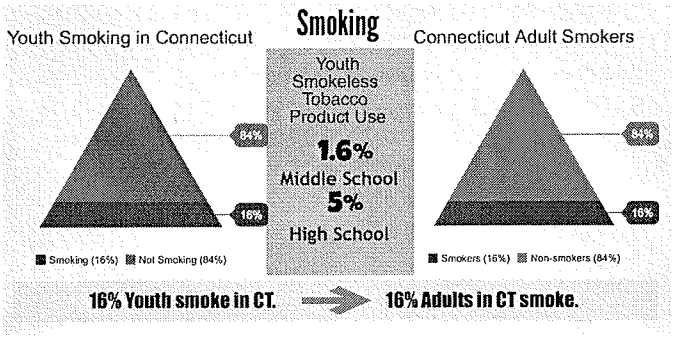


Source: Curtis D. Robinson Center for Health Equity Participant Survey, 2015.

Smoking

Smoking, another individual health choice, causes a spectrum of serious and life-threatening illnesses; it can lead to a host of lung diseases including cancer, as well as cardiovascular disease. Although changes in smoking regulations over the past decade have affected overall smoking rates, the current rates of smoking among youth and adults is similar, highlighting the challenge to further impact this behavior. This is important in part because becoming addicted at a young age makes it harder to quit smoking in adulthood (see Figure 9).

Figure 9: Smoking in Connecticut



Source: Connecticut Department of Public Health, Healthy Connecticut 2020: State Health Assessment, 2014

Substance Abuse

The impact of substance abuse on Hartford residents is significant. As noted in Figure 8, more than one-third of survey respondents indicated that substance abuse is a problem that impacts themselves or their family. For Hispanic respondents, this percentage increased to 46 percent.

Opioid use and abuse of prescription drugs at the national level has increased, and the Hartford region is no different. As noted in Figure 14, alcohol and substance abuse is the number one reason for Emergency Department non-admissions at Saint Francis. The issue of opioid use was also mentioned by health leaders in surrounding towns served by Saint Francis.

CLINICAL CARE

The CDC's model of community health and well-being identifies one other factor: clinical care. Clinical care encompasses all the many kinds of healthcare that modern society relies on, from preventive care to treatment, from everyday illnesses to serious, chronic conditions, from mental health care to dental care and more.

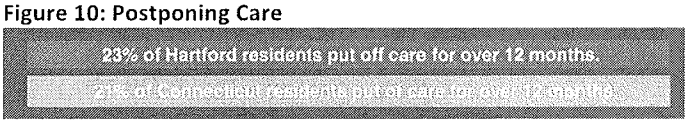
Access to providers and necessary preventive treatment is the foundation of clinical care. Yet, the data collected for this CHNA showed that, as with the other aspects of the CDC model, socioeconomic barriers can and do interfere with access to care.

Socioeconomic Barriers to Care

The Affordable Care Act has done much to ensure that citizens can enroll in a health insurance plan, but it is only part of the equation. As with food insecurity, lack of money and reliance on public transportation can limit access to care, and so can the parameters that are set by health insurance plans: copays, referral policies and specific "in-network" providers.

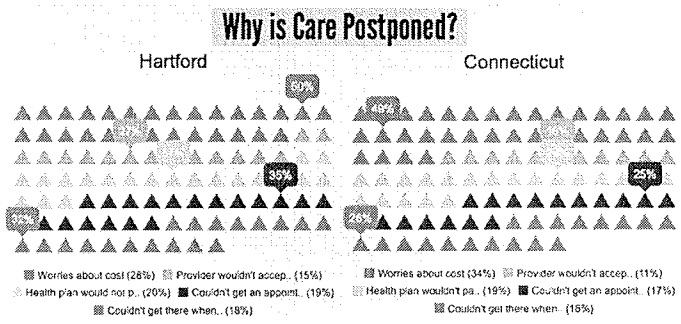
Finally, providers' business hours might not match clients' needs (see Figures 10,11,12). All of these socioeconomic realities can result in people postponing needed clinical care.

Figure 10: Postponing Care



Source: DataHaven Community Health and Well-being Survey, 2015

Figure 11: Why Care is Postponed



SOURCE: DataHaven Community Health and Well-being Survey, 2015

Access to care continues to be a problem in both Hartford and the entire state of Connecticut. Over 20 percent of residents report delaying care in the past year, primarily due to finances and insurance problems. Remarkably, in a city with a relatively high density of health care facilities, 35 percent of residents could not get an appointment in a timely fashion and 32 percent couldn't get to the facility when it was open.

Cultural Barriers to Care

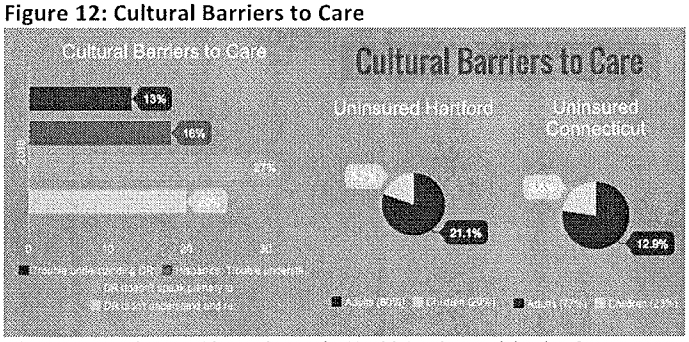
Hartford is diverse, and many of the people interviewed said that health care practitioners do not know enough about the population they serve to provide quality care (see Figure 12). Something as seemingly simple as providers speaking the same language as their clients can make all the difference; if a patient doesn't understand follow-up instructions, there's a good chance the clinical visit will not have the intended outcome.

"I still think that there are pockets of population that—I believe—are completely disconnected from the concept of health," said one Key Informant. "Thinking about the population we serve, it was a linguistic barrier, and economic barriers that prevented optimal health. I also think when they did access health services, more often than not they perceived—or they experienced—racial bias."

In the same way that that providers' lack of cultural knowledge of their patients gives rise to cultural barriers to care, so too, can their clients' misunderstandings and mistrust of the health care system.

This point was brought out in interviews with Key Informants. "What it boils down to," said one Key Informant, "[is that] it's really about communities not having accessibility for the qualified care that they deserve, and that would include being considerate of their culture and language."

Figure 12: Cultural Barriers to Care



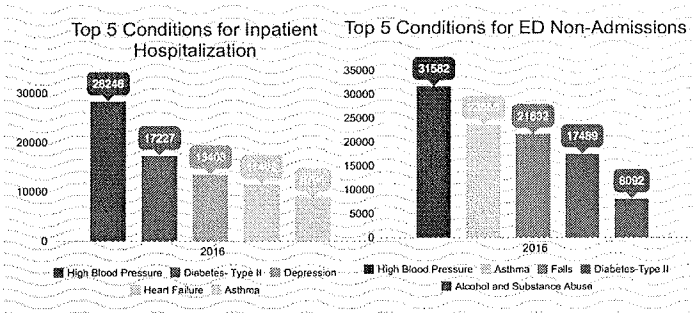
SOURCE: Curtis D. Robinson Center for Health Equity Participation Survey, 2015

LEADING HEALTH CONDITIONS

This CHNA also explored the specific health problems of Hartford's residents—many of them problems that are exacerbated by both poverty and the barriers to community health detailed earlier.

For example, diabetes is a disease whose control is dependent on at least two of the major barriers to community health (food insecurity and access to clinical care). It was among the top five reasons for both in-patient admissions and Emergency Department non-admissions at Saint Francis. Hospital data also counted high blood pressure, depression, asthma, heart failure, alcohol and substance abuse (see Fig13).

Figure 13: Hospital Use: Saint Francis Service Area: Top 5 Inpatient and Outpatient Diagnoses



Source: Connecticut Hospital Association Saint Francis Hospital and Medical Center Community Health Profile 2015

Community Health Profiles, developed by the Connecticut Hospital Association for the Saint Francis Service Area and for Hartford, reveal significant racial and ethnic differences in the population of these two regions and in the care they receive. The diversity of Hartford is reflected in the profile of patients seen in the ED as noted below.

Cardiovascular Disease

Connecticut is experiencing over 27,000 years of potential life lost due to premature death as a result of heart disease, according to *Healthy Connecticut 2020.* The rates of both high blood pressure and heart disease in Connecticut are approximately 30 percent. Blacks and Hispanics have significantly poorer outcomes than whites.

Cardiac issues can cause a ripple effect that touches every area of life, which is especially hard for those who live in poverty or near-poverty. This, in turn, affects their well-being dramatically. As one of the Key Informants explained, "Any kind of cardiac issue that results in mobility problems impact

your ability to get to your doctors, move around your house, even bathe yourself. It may mean you need help from someone every day."

Asthma

In Connecticut, 10 percent of adults and 12 percent of children overall suffer from asthma. It is clear when looking at the data more carefully that there are significant disparities in the incidence of asthma in Hartford and the state as a whole, and among different racial and ethnic groups (see Table B).

Table B

Table B Asthma Prevalence in Hartford and Statewide

	WHITE	BLACK	HISPANIC
HARTFORD	18%	13%	22%
CONNECTICUT	9%	11%	12%

Source: DataHaven, Community Health and Well-being Survey, 2015

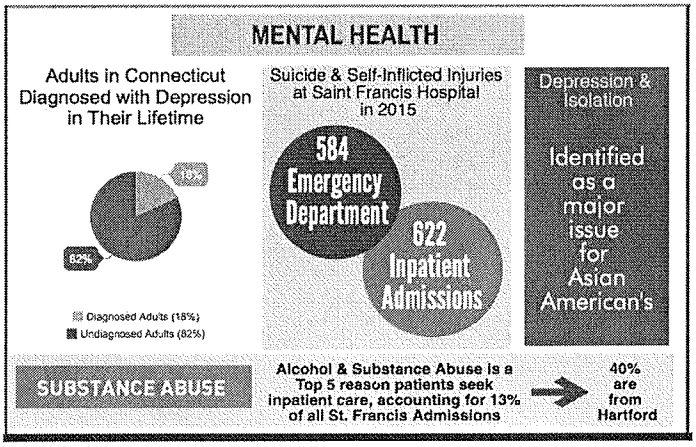
Diabetes

In Connecticut, over 8 percent of adults are diagnosed with diabetes; in Hartford that rate is 12 percent of adults. This represents a significant increase in the past 10 years. Diabetes is often the result of other issues including obesity, limited access to healthful food and lack of physical activity. Differences are also seen when looking at the data by race. As with obesity, behavior change related to diabetes is a long process and requires that patients remain motivated to make lasting change.

Mental Health

Mental health issues can have a profound effect on quality of life. Depression was among the top-five reasons for admissions at Saint Francis in 2015. The data review and the Key Informant interviews highlight the importance of mental health (see Figure 14). Several Key Informants maintained that it is both a disease that requires care and a barrier to care—and to the challenges of living in poverty. As one Key Informant said, "Integration and collaboration between mental and physical health is critical. People cannot get well if their mental health and their substance abuse issues aren't addressed."

Figure 14: Mental Health



Connecticut Department of Public Health, *Healthy Connecticut 2020: State Health Assessment.* Asian Pacific American Affairs Commission, Needs Assessment on Southeast Asian Population in Connecticut, 2014. Connecticut Hospital Association: Saint Francis Hospital and Medical Center Community Health Profile, 2015.

Depression and trauma cut across class, race and geography; however, youth and families of color disproportionately experience trauma. This, according to *Hartford 06120,* the report by My Brother's Keeper/Violence Free Zone, can lead

to other behaviors that impact the trajectory of a child's life.

For example:

- Truancy, poor academic performance and dropping out of school.
- Frequent encounters with law enforcement and involvement in the juvenile justice system.
- Anxiety and depressive disorders and thoughts of suicide and/or hurting others.
- Difficulty forming trusting and meaningful relationships at home and school, and among peers, with significant others and other positive role models.
- Early initiation of drug use.

As one Key Informant commented, "Mental health is a huge barrier. We have a lot of communities that are suffering with mental health issues. . . . We don't do enough to be able to engage in outreach to these specific communities and tailor it to their cultural and linguistic needs.

IX. GOING FORWARD: MAKING HARTFORD A HEALTHIER PLACE TO LIVE AND WORK

The warm, sunny day had brought everyone out to the park. The farmer's market was in full swing, the music of a salsa band filled the air, and a gaggle of children danced in front of their makeshift stage.

At the other side of the market, a chef was demonstrating a recipe for a spicy slaw. "It's full of nutrition," she said, handing out samples in tiny paper cups. "And best of all, it's delicious and easy."

Throughout the market, young and old wandered through the farmers' stalls, eyeing the bright greens, vivid reds, and brilliant oranges and and yellows of the produce that had been picked that very morning. At one stall, the farmer was selling watermelon. Elsewhere juicy peaches were on offer, along with peppers, carrots, onions, herbs, assorted greens, and even honey. A baker was selling several kinds of fragrant, yeasty breads.

Some of the shoppers paid with cash, but others paid with their vouchers or SNAP cards—and got double the value because they were shopping at the farmer's market. On this day, a health information booth occupied a spot in the market. Nurses were taking people's blood pressure and talking about follow-up care.

Salsa music echoed through the market, putting everyone in a good mood. One couple began to dance. Then another, and then a group of teens joined in. A woman with her arms full of grocery bags had been just about to leave, but she too found herself dancing, still holding her packages. "I can't resist," she said to no one in particular.

A bus rounded the corner and stopped at the bus stop. A half dozen people got off and made their way to the park, headed for the market. A mother and her six-year-old daughter got on. "Cuidado," said the mother, who was carrying bags loaded with fresh fruit, vegetables and bread. "Watch your step."

The six-year old climbed onto the bus; the steps were almost too big for her short legs. Once seated next to her mother, she retrieved a handful of sugar snap peas from the pocket of her jacket and munched on them contentedly. "Mama," she said, "I never knew vegetables tasted so good!"

VISIONS OF A HEALTHY COMMUNITY

Many of the Key Informants consulted during the preparation of this CHNA had strong opinions about the ingredients of a healthy community. These typically focused directly on the socioeconomic factors that affect health outcomes. The socioeconomic factors mentioned most often by the Key Informants were:

- Healthy food options and information about nutrition
- Adequate employment that pays enough for people to support their families without the need to work two or three jobs
- Safe and affordable housing
- Good-quality education for both for children and adults
- Culturally sensitive support systems

Another common theme was the need for communication and dissemination of information between the various organizations and agencies in Hartford and from these organizations and agencies to the residents.

HARTFORD'S ASSETS

The Key Informants who participated in this CHNA noted that despite the numerous problems the city must face, it has many assets as well. They enumerated the city's physical assets, including its neighborhoods, hospitals, and parks. While they acknowledged the city's tangible assets, they also emphasized intangibles. Almost every Key Informant said that diversity enriches the city of Hartford and makes it a more interesting place to live and work.

They also cited the number and quality of its community-based organizations, some of them with national reputations. The leaders and staff of these organizations are passionate, intelligent and have a deep understanding of Hartford, the residents, politics and ecosystem as a whole.

NEXT STEPS/CONCLUSION

Clearly, there is much work ahead for public health organizations, of which Saint Francis Hospital and Medical Center is just one. Setting up a health care infrastructure that is able and equipped to take on the barriers to community health will require:

- Strong leadership and a committed set of coalition partners.
- Maintaining an iterative ongoing community engagement process.
- A broad focus on community health and wellbeing.
- An understanding that the climate for community transformation work has changed.

This information will be used to develop a Strategic Plan for Community Transformation. The groundwork has already begun with the development of the Wellbeing 360 Coalition. This group will play a critical role in reviewing the findings here and working to develop a plan for change. Having affiliated with Trinity Health, Saint Francis Hospital and Medical Center is poised to meet the challenges that will come.

X. APPENDICES

Appendix 1: Centers of Excellence – Saint Francis Hospital and Medical Center

Saint Francis Hospital and Medical Center offers five centers of excellence—easily accessible treatment centers focused on particular conditions—plus a host of other services.

- **The Mount Sinai Rehabilitation Hospital** occupies the former Mount Sinai Hospital campus in the city's North end. In 1990, Saint Francis affiliated with Mount Sinai Hospital, a Jewish-sponsored institution that opened in 1923. Mount Sinai was born of a vision similar to the one that led to the founding of Saint Francis decades earlier. The collaboration marked the first recorded instance of a Catholic and Jewish hospital affiliation in United States history. The arrangement was formalized as a corporate merger in 1995. Today, the 60-bed facility is Connecticut's only freestanding acute care rehabilitation hospital.
- **Smilow Cancer Center Yale-New Haven at Saint Francis** is one of New England's leading outpatient cancer treatment centers, providing the latest technology and the most comprehensive range of treatment options in the region. More than 1,500 cancer patients and their families depend on the center every year. The team approach that distinguishes the center streamlines the diagnosis and consultation process, and individualized care plans can include a combination of conventional and investigational therapies.
- **The Hoffman Heart and Vascular Institute of Connecticut** is the largest open-heart surgery center in Connecticut. In emergencies, Saint Francis delivers the fastest response to heart attack in the area and routinely performs more cardiac catheterizations than any other heart center in the state—numbers that directly correlate with saving lives. With state-of-the-art technology, Saint Francis cardiologists can correct heart rhythm disorders and manage patients with advanced congestive heart failure. Because heart disease is also the leading cause of death in women and frequently overlooked, the **Women's Heart Program at Saint Francis** is a risk-reduction and education program for women designed to prevent both heart attack and stroke.
- **The Connecticut Joint Replacement Institute,** the newest of Saint Francis' Centers of Excellence, is recognized as one of the major arthritis and joint replacement centers on the East Coast. Since it opened in 2007, it has become the largest joint replacement center in Connecticut. Led by fellowship-trained orthopedic surgeons, this "hospital within a hospital," is distinguished by dedicated operating rooms and staff for hip and knee replacement and multidisciplinary teams working together to provide expert care for patients needing joint replacement procedures. The staff is also involved in research in materials used in joint replacement surgery and in post-operative pain control.
- **Women and Children's Health:** Caring for women and children begins before conception and extends beyond retirement. Labor and delivery, gynecological care and comprehensive breast health are flagship programs of Saint Francis' Women and Infants Health program. The **New Beginnings Family Birth Care** model provides a unique birthing experience for each mother and her family. It offers enhanced privacy features, attractive and comfortable surroundings and the latest medical technology, including a Level III neonatal intensive care unit (NICU) and a state-of-the-art antepartum diagnostic center. Delivery by a nurse midwife is among the options available. When gynecological problems arise, expert surgeons and minimally invasive technologies, including robotic surgery, offer quicker recovery with better outcomes. At the **Comprehensive Women's Health Center**, women with breast health concerns, both routine and complex, benefit from a streamlined approach to breast cancer prevention, diagnosis, treatment and recovery.

  In addition to its centers of excellence, Saint Francis offers a full range of expert medical and dental care with respected programs in:

  - Stroke care
  - Surgery
  - Surgical weight loss
  - Diabetes management
  - Orthopedic and sports medicine
  - Pain management
  - Integrative medicine

Appendix 2: Key Informant Agencies

Community Health Needs Assessment

Organization	Topic Area	Geographic Area
Faith Care	Faith/Health	Hartford
Harriott Home Health Services	Home Health	Hartford
YMCA	Physical Health	Hartford
Hispanic Health Council	Hispanic Health and Well Being	Hartford
Hartford Food System	Food Insecurity	Hartford
Food Share	Food Insecurity	Hartford
Hartford Health and Human Services	Public Health	Hartford
CT Asian Pacific American Affairs Commission	Asian American Well Being	Connecticut
Hartford Foundation For Public Giving	Community Investment	Connecticut
Asylum Hill Neighborhood Association	Community Development	Hartford

Appendix 3: 2106 CHNA Data Resource Website Addresses

- ***The ALICE Study of Financial Hardship Report:*** http://alice.ctunitedway.org/files/2014/11/14UW-ALICE-Report_CT.pdf
- ***The Northeast Neighborhood Sustainability Plan – Health Impact Assessment:***
- https://cmtysolutions.org/sites/default/files/wysiwyg/nh_healthimpactassessment.pdf
- ***Needs Assessment on the Southeast Asian Population in Connecticut (2014):*** http://ctapaac.com/wp-content/uploads/2014/12/APAAC-NEEDS-ASSESSMENT30JUNE2014-REPORT.pdf
- ***Hartford 06120 (2015):*** http://www.mbkhartford.org/
- ***Healthy Connecticut 2020: State Health Assessment report (2014):*** http://www.ct.gov/dph/lib/dph/state_health_planning/shaship/hct2020/hct2020_state_hlth_assmt_032514.pdf
- **The 2015 DataHaven Community Health and Wellbeing Survey:** http://www.ctdatahaven.org

Appendix 4: Priority Health and Well-being Issues for Surrounding Towns

Priority Health Issues - Community members from Towns surrounding Hartford have some of the same health needs and others that differ due to suburban environment. Discussions with the health leaders from surrounding towns revealed the following information:

Town/Health District	Top Health Priorities
East Hartford	Nutrition/Diet/Exercise; Diabetes; Mental Health; Heart Disease; Substance Abuse
Northeast Health District	Behavioral Health; Substance abuse; Obesity; Access to health care
Windham	Crime/Safety; Sexually transmitted diseases
Enfield	Substance abuse
Bloomfield/West Hartford	Social isolation of Asian population; Diabetes; Exercise; Obesity; Heart disease

ALICE households by town- The Alice Index is a measure of income stability which identifies families who have limited resources but do not meet the federal poverty guidelines. Data about surrounding towns reveal significant pockets of low income residents.

Town	Total (ALICE + poverty households)
Hartford	69%
East Hartford	47%
Vernon	39%
Manchester	35%
Windsor Locks	35%

Average Chronic Absenteeism of Students by School District- Information about school delinquency indicates a significant amount of instability in households in these towns.

School District	Percent
Hartford School District	26%
Manchester School District	16%
East Hartford School District	14%
Somers School District	13%
Enfield School District	12%
East Windsor School District	11%
Windsor Locks School District	11%

Connecticut State Department of Education, via CT Data Collaborative

ENDNOTE

[1] *Why We Can't Wait for Tomorrow: Saint Francis Hospital and Medical Center 2015 Annual Report*, page 16.

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R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations

June 30, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care,* Inc. to Trinity Health Corporation

Dear Mrs. Roberts:

In accordance with Item 8 of the Order dated August 1, 2015, and our March 30, 2016 letter enclosed is the final Community Health Needs Assessment for 2016 that was due June 30th. Also, as stated in our March 30, 2016 letter to OHCA, the Strategic Implementation Plan will be developed by 11/15/16 and will be sent to OHCA by 11/30/16.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-5573.

Thank you for your attention to this matter.

Sincerely,

Chris Hartley

R. Christopher Hartley
Senior Vice President
Planning, Business Development & Government Relations
Enclosures

SAINT FRANCIS
Hospital and Medical Center

EXECUTIVE SUMMARY AND KEY FINDINGS

The start of this Community Health Needs Assessment (CHNA) would likely be defined as the first meeting we had as a team back in March of 2015. But really it began as soon as the last CHNA was published in 2013. The lessons learned from that experience informed our approach and led us to the Centers of Disease Control Health Invest Model, which provides a framework for understanding the volumes of available data. We also had the benefit of the DataHaven Community Health and Wellbeing Survey, which provides significant input from community members.

Priority areas of focus and key findings:

- Survey respondents report being impacted by:
  - Obesity (69%)
  - Diabetes (68%)
  - Heart Disease (51%)
  - Substance Abuse (39%)
- Substance Abuse is a problem in urban and rural settings and accounts for 13% of hospital admissions
- Youth and Adult Tobacco Use is similar at 16% of the population
- Mental Health is one of the top 5 reasons for hospitalization.
- 54% of Hartford residents said it was not safe to walk in their neighborhood.
- Above all, poverty is seen as the main reason people suffer with poor health

What became clear as we listened to the community and looked further into the data is that improvements in health will only take place when solutions are designed to be sustainable; when the varied priorities of communities are valued; and when the systems that need improvement are changed. We look forward to finding those solutions and impacting the health and wellbeing of those who live in our community.

Approved and adopted by the Saint Francis Board of Directors June 22, 2016.

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I. ACKNOWLEDGEMENTS

Creating a comprehensive, useful and engaging Community Health Needs Assessment is a difficult task. Including the voices of the community, analyzing the data available and focusing the findings in a meaningful way requires input from many sources. This document would not have been possible without the generous support from the following groups and individuals, who took the time to share their knowledge, tell their stories and engage in discussion about potential solutions.

The CHNA team:

- Hartford Foundation for Public Giving – Scott Gaul, Yvette Bello
- Connecticut Children's Medical Center – Steve Balcanoff
- City of Hartford Department of Health and Human Services – Tung Nguyen
- Trinity Health - New England – Marcus McKinney
- Saint Francis Hospital and Medical Center – Rebecca Crowell
- Curtis D. Robinson Center for Health Equity – Lawrence Young and Mary Stuart
- University of Connecticut Medical School – Deborah Pacik
- Community Solutions – Gina Federico-Muslim
- DataHaven – Mark Abraham

We also benefited from frank discussions with Key Informants (community leaders and leaders of partner agencies) and significant input from community members without whom we would not have a context for understanding this data. Although these sources remain anonymous, their stories and observations provided critical insight for understanding what we found.

A thank-you as well is owed to our three very helpful (and wonderfully responsive) consultants: analyst Bernie Bernstein, writer Karen Berman and designer Kristen Tierney.

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III. INTRODUCTION

In recent years, the world of health care has undergone tremendous upheaval; old norms have imploded and new expectations have taken hold. Yet, more than a century after its birth, Saint Francis Hospital and Medical Center remains steadfast in its Mission: *to serve in the spirit of the Gospel as a compassionate and transforming healing presence within the community*. Saint Francis is committed to improving and enriching the lives of individuals and families in the region; combining compassionate care, superior technology and prevention-oriented education in centers of clinical excellence; and fulfilling its founders' vision of a hospital as a spiritual and healing environment.

This Community Health Needs Assessment (CHNA) is the first step in a process designed to better understand community needs by engaging health care providers, community leaders and community members in a conversation about how to improve health and well-being.

We are excited to share what we have learned and to find ways to collaborate on solutions. The exchanges that took place during the implementation of the CHNA demonstrate a readiness for collaboration across disciplines, in ways that respect community input. New ideas about how hospitals and health care systems can support community development are beginning to take hold, and Saint Francis Hospital and Medical Center is ready to embrace a leading role in Hartford. Our collaboration with Trinity Health has brought to the table significant expertise in this area. We look forward to the next steps in the process of developing a strategic plan for Community Health and Wellbeing designed to address the needs identified within this document.

A note about the format:
This CHNA is organized with a "story narrative" at the start of each chapter. These narratives relate the lives of composite characters developed from the many conversations and interviews held with community members and community leaders. They do not represent specific individuals and are fully fictional. However, the settings, challenges and comments reflect the realities of those who live and work in our community.

IV. A MISSION WITH STAYING POWER

The 161 bus rounds the corner at Sigourney Street and Asylum Avenue. As it passes the middle school and a series of community buildings, the Saint Francis Hospital and Medical Center campus rises into view. At the corner of Asylum and Woodland Street, the hospital looms on the right; to the left, the white spire of Grace Lutheran Church gleams in the distance.

At the bus stop, a handful of passengers disembark. The first to step off is a woman cradling her baby in one arm and guiding her six-year-old son with the other. "Cuidado," she says to him. "Watch out." A senior citizen follows, clutching the handrail firmly until he is safely on the terra firma of the sidewalk. A threesome of twenty-somethings come next, one of them maneuvering a wayward get-well balloon through the narrow doorway of the bus.

They join the steady parade of people who arrive by car—or in emergencies, by ambulance. Young and old, alone or in clusters, they form a never-ending procession, ebbing and flowing through the day and into the night, people from every corner of the city of Hartford and more than 50 surrounding communities. All come seeking care for a seemingly infinite number of health needs spanning the first moments of life to the last.

Altogether, this parade of souls added up to more than more than 83,000 emergency department visits and 32,000 inpatient discharges in 2015 alone.[i] Clinic visits for ongoing care add to these numbers, as do services provided at the many access centers affiliated with Saint Francis across the Greater Hartford region.

It's a far cry from the hospital's opening day in 1897, when the Sisters of Saint Joseph of Chambéry—four near-penniless nuns—overcame almost impossible odds to welcome Hartford's Asylum Hill neighborhood to their two-room hospital.

From the very first moment its doors opened, the new hospital offered a refuge for immigrants who wanted to know that their faith and traditions would be understood and appreciated if they ever needed inpatient care.

Saint Francis Hospital and Medical Center serves people from all walks of life, but has always reserved a special place in its efforts for those who most need its help—the poor and the most vulnerable of society. The dignity of every person, the importance of serving the common good and the sustainability of Earth are at the foundation of the hospital's daily practice.

OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR CORE VALUES

REVERENCE
We honor the sacredness and dignity of every person.

COMMITMENT TO THOSE WHO ARE POOR
We stand with and serve those who are poor, especially those most vulnerable.

JUSTICE
We foster right relationships to promote the common good, including sustainability of Earth.

STEWARDSHIP
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

INTEGRITY
We are faithful to who we say we are.

HEALING THE COMMUNITY

Saint Francis strives to fulfill its Mission in many ways. Hospitals will always be a place people go when they are sick, but in recent years, their role has expanded to that of community resource for the promotion of good health. Saint Francis is no exception; the hospital devotes significant resources to engaging and educating the community in the pursuit healthful living. In 2015, Saint Francis Hospital and Medical Center contributed over $104 million in benefits to the community.

The Curtis D. Robinson Center for Health Equity is the prime example of Saint Francis' commitment to both its historic Mission and the newer concept of hospital as champion and promoter of the health of its community. The center is a resource for both the community and the health care system to improve health equity through community engagement, education and training; health advocacy and health care systems change. This innovative model of a dedicated Health Equity team within a hospital system highlights the commitment of Saint Francis to help those most affected by health disparities. The center collaborates with neighborhood organizations, caregivers, health professionals, researchers, foundations, state agencies and others to eliminate health disparities in communities served by Saint Francis Hospital and Medical Center.

This Mission will help ensure health, well-being and improve outcomes by providing better access to less complicated services and eliminating barriers to quality care. This is our version of implementing the Triple Aim of Healthcare, a set of widely accepted public health goals that emphasize improved outcomes, increased satisfaction and lower cost.

MORE THAN A CENTURY OF CARING

From the beginning, Saint Francis Hospital served on the front lines against outbreaks of then-deadly infectious diseases, from typhoid fever to influenza, and later, polio in a facility that housed 32 patients in a ward. Much has changed since then. Today, Saint Francis Hospital and Medical Center fights newer but no less serious threats to health: cardiovascular disease, cancer, lung disease, diabetes, to name just a few. And it has grown to be New England's largest Catholic hospital, with 617 licensed inpatient beds, 65 bassinets and five centers of excellence that embrace patients at every stage of life (see Appendix 1).

AN EYE TO THE FUTURE

While Saint Francis strives to honor the legacy of the Sisters of Saint Joseph through its Mission of compassionate care, the hospital is hardly focused on the past. Saint Francis is continually looking ahead to anticipate better ways to deliver that care in a rapidly changing environment. The result is a patient-centered model of care designed to produce a patient experience of the highest measurable quality.

In 2015, Saint Francis Care and its affiliates were acquired by Trinity Health, one of the largest health care systems in the nation, and more importantly, an organization whose Mission and values are an ideal match for the hospital. The resources and benefits available to Saint Francis as a result of the

acquisition have positioned the hospital and its affiliates to respond nimbly to the changes in health care that the future will inevitably bring.

THE CHNA: A METRIC AND A MISSION

The federal Patient Protection and Affordable Care Act, passed into law in 2010, requires hospitals to conduct a Community Health Needs Assessment (CHNA)—a periodic evaluation of the health needs of the community they serve. The CHNA may be a modern-day metric, but it fits easily into Saint Francis' ongoing efforts to be a center of healing for its local and regional communities.

Saint Francis Hospital published its first federally mandated Community Health Needs Assessment in 2013 in partnership with the City of Hartford Department of Health and Human Services and the other Hartford-based hospitals. For this 2016 Community Health Needs Assessment the partners agreed to use the Centers for Disease Control's Health Investment Model. This approach affords an opportunity for ongoing assessment of the community's needs; focuses on community transformation and paves the way for the development of strong partnerships.

V. PROGRESS SINCE THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT: SOME GOOD NEWS, IN INCREMENTS

He never had any trouble breathing until he moved north a few years ago. Maybe it was the climate—so different from what he had known back home. Or maybe it was that old furnace in his uncle's apartment building. One day he felt his chest getting tight—and then it was hard to breathe. His uncle had gotten him to the hospital and they had given him a breathing treatment. And, then he could breathe again.

They gave him inhalers and a prescription for more, but sometimes he forgot them when he went out.

When he had another attack, this time at work, he had gone to the hospital again. The doctors there knew exactly how to ease his symptoms, and anyway, he didn't know where else to go. The Emergency Room seemed like a safe place—a good place—and as his attacks became more frequent, he would go there more often.

Then one time, they told him there was a better way to deal with his asthma. He was assigned a caseworker who helped him find a private doctor and sign up for health insurance to pay for his inhalers and other costs. She walked him through how to deal with the whole thing. And she checked in with him regularly to be sure he was remembering his inhalers and taking his asthma meds, so he wouldn't have to go to the Emergency Room. He was good with that.

The Affordable Care Act's CHNA mandate does not stop with assessment. It also requires hospitals to follow up with a strategic plan to address the needs identified.

In 2013, four goals were identified as priorities for the Saint Francis Hospital Implementation Strategy for Community Benefits. Three years later, here is a progress report:

GOAL 1: IMPROVE COMMUNICATION BETWEEN HEALTHCARE PROVIDERS AND PATIENTS

The Relationship-Based Care program continues to provide high-quality training and support to Saint Francis staff with a focus on cultural change that emphasizes respect. In addition, the Diversity Collaborative Team continues to offer free, rigorous cultural competency training and has embarked on a project to modify the hospital environment to signal inclusion for all patients who come through the door.

The Language Services Program (3+1) is now in effect throughout the entire hospital and its offsite locations. During FY2015, over 15,000 patients and their caregivers took advantage of the improved communication offered by this resource. The hospital now spends over $300,000 annually to support this program, which includes a new initiative to train bilingual staff who can assist with interpretation. Thus far, 25 staff members have been trained to serve as qualified interpreters.

GOAL 2: ADDRESS STRUCTURAL BARRIERS

Initiatives to support patients with complex health needs and to assist with transitions of care are underway. Navigators (professionals whose job is to help patients coordinate their health care) are now working with the Physicians Healthcare Organization, the Curtis D. Robinson Center for Health Equity, the Department of Surgery and the Cancer Center. These navigators support, advocate and coordinate patient needs. Two initiatives have shown particular success:

- The Emergency Department (ED) developed a partnership with Community Solutions, an international non-profit active in Hartford. The department analyzed ED visits and identified patients who used its services most frequently for conditions that had the potential to be managed more economically in other settings. Community Solutions assigned a case manager to a subgroup of the frequent ED users, assisting them with navigating the various barriers to care outside the ED on an ongoing basis, resulting in a 50 percent reduction in ED visits by this group of patients during the first year of implementation. The case manager served as go-between in communications with medical providers, helped with transportation and worked with clients to adhere to prescribed treatments.
- Saint Francis Hospital and Medical Center played a role in the expansion of health insurance enrollment in Connecticut. Thanks to a partnership between the hospital and Access Health CT (the state insurance exchange, which was established as a result of the

Affordable Care Act), financial assistance counselors from Saint Francis educated over 800 people about health insurance enrollment during the most recent open enrollment period. According to Access Health CT, the percentage of uninsured residents in Connecticut was cut in half from 8 percent to 4 percent in the past three years.

GOAL 3: FOCUS ON SPECIFIC CLINICAL AREAS OF NEED

Saint Francis clinical services include programs that are designed to address diseases known to have a significant impact on the health of those living in its service area. For many of these illnesses, preventive services and support for behavior change can affect the incidence of these diseases. Some highlights in this area include:

- Development of a comprehensive protocol for smoking cessation in the Behavioral Health Unit, which helps patients quit smoking during hospital stays.
- An increase in the types of prevention screening provided in the community, including: cholesterol, diabetes, prostate cancer, lung cancer, high blood pressure and early childhood development. More than 3,500 people have been served by these programs in the past year.

GOAL 4: TARGET SOCIAL DETERMINANTS OF HEALTH

Saint Francis addresses the social determinants of health largely through partnerships with community organizations that have experience and knowledge about how to engage residents and influence systems for positive change. Partnerships include the Asylum Hill Neighborhood Association (in an effort to increase affordable housing), the Blue Hills Civic Association and the Urban League (to address issues related to employment for youth), Community Solutions in connection with Harriott Home Health Services (to address cultural and logistical barriers to health care access) and Malta House of Care (to provide care to those who do not qualify for health insurance assistance).

Although progress has been made, the needs of the community served by Saint Francis Hospital continue to be significant. The CHNA 2016 is intended to identify these needs and develop priority areas of focus.

VI. A BROAD AND DIVERSE SERVICE AREA

He was born at Saint Francis, and he had lived all of his eighty-four years in the city of Hartford, except, of course, for the time he spent in the service. It was his city, and he had never given a thought to living anywhere else. It had changed a lot since his youth, as people became established and moved up and newcomers moved in. A lot of his neighbors had moved to the suburbs long ago, but he was a city boy. He liked the mix of people, all going their different ways. When he struck up a conversation, he liked hearing about where they came from. He liked overhearing bits of foreign languages in the streets. He even liked the bustle of traffic.

He thought of Saint Francis as "his" hospital. All three of his kids had been born there. They lived in the suburbs now, but when it was time for the grandkids to come into the world, they had made their debuts at Saint Francis. These days he visited Saint Francis for a different reason—his diabetes. His kids drove him when they could, and when they couldn't, he took the bus. It took a while to get there by bus, but he thought of it as another opportunity to enjoy the sights and sounds of his city.

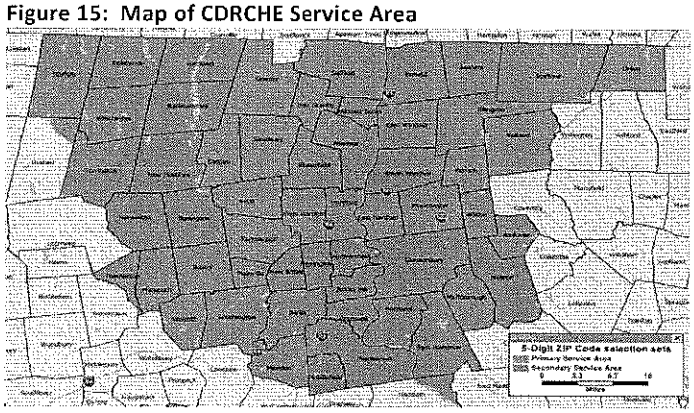
Saint Francis Hospital and Medical Center's service area comprises urban, suburban and rural communities that together form a rich and complex mixture of highly diverse populations—a rainbow spectrum of races and ethnicities, and a huge range of socioeconomic categories.

Its primary service area includes 18 towns and corresponds largely with the Greater Hartford region. This area includes towns north of Hartford, including Enfield, where our affiliated Care Partner and fellow Trinity Health – New England member Johnson Memorial Hospital is located (see Figure 15, Map of Service Area). A separate CHNA has been completed by Johnson Memorial Hospital, and its available on their website.

http://www.jmmc.com/jmmc/about/communityhealthneeds/

Seven of these communities have at least 1,000 annual patient discharges (see Table A). Further information can be found in Appendix 4.

Figure 15: Map of CDRCHE Service Area



Source: Saint Francis Hospital Planning Department 2016

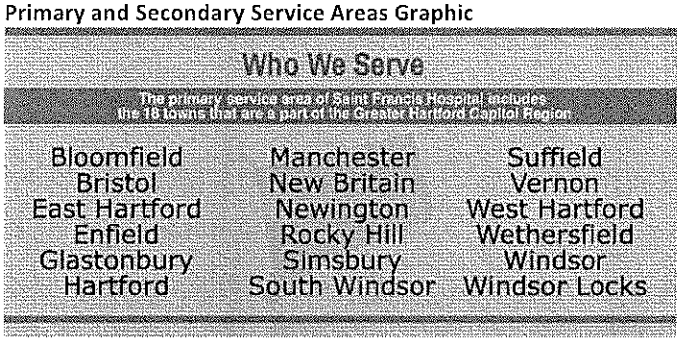
Table A

Table A Comparison of Primary Service Area Communities with at least 1000 Annual Hospital Discharges.

TOWN	ANNUAL DISCHARGES	POPULATION/ DENSITY	MEDIAN AGE	MEDIAN HOUSEHOLD INCOME
HARTFORD	8912	7204	30	$29,313
EAST HARTFORD	2236	2845	38	$50,355
ENFIELD	1622	1343	41	$68,168
BLOOMFIELD	1463	790	48	$73,519
MANCHESTER	1424	2126	35	$63,198
WINDSOR	1350	987	43	$79,244
WEST HARTFORD	2112	2902	42	$84,092

The hospital's secondary service area includes 14 towns largely to the west and south of the primary service area. These towns are more rural, and their needs are very different than those of the city of Hartford, which has more than three times as many patients discharged from Saint Francis Hospital than any other municipality.

Primary and Secondary Service Areas Graphic



A comparison of population density, household income and median age reveal that these communities are anything but uniform, and the resources for addressing concerns and needs of their residents differ as well. Yet, many of the health issues they face are similar; obesity, diabetes, heart disease and behavioral health were all mentioned by the leaders of health districts who serve these towns.

It is also clear from this comparison that Hartford is much poorer, younger and more densely populated than the surrounding towns. Not surprisingly, the highest numbers of patients seen at Saint Francis Hospital are from Hartford, in part due to the location of the hospital, its long history of providing services and the needs of Hartford residents. Given this inequity and the percentage of Saint Francis patients who are from the city, this CHNA has a significant focus on Hartford data and the critical health needs facing its residents.

HARTFORD: CITY OF CONTRASTS

Saint Francis Hospital and Medical Center campus is located in the city of Hartford, which is also the largest municipality in its coverage area. The city is best known as both the capital of Connecticut and as a center of the insurance industry (some call it the Insurance Capital of the World).

Located on the Connecticut River, the city became a center of trade, and goods were carried by ship in and out of the port from all around the world. Risky ocean transport gave rise to its famed insurance industry, a major presence in the city to this day. Homegrown industries thrived in Hartford as well. But many other elements have gone into the making of the city.

Hartford is a city of culture, home to the Wadsworth Atheneum, the nation's oldest public art museum; Bushnell Park, the nation's oldest public park and several other artistic and cultural organizations. Opera, symphony, theater and sports all contribute to the city's cultural life. In addion, Hartford is dotted with churches and faith-based organizations of varied denominations and sizes.

A MULTI-FACETED CITY

Today, the major employers in the Greater Hartford region include United Technologies, Hartford Financial Group, Chase Enterprise, St. Paul Travelers Insurance, Hartford Hospital, Aetna, Bank of America and Saint Francis Hospital. Most of those who work as professionals for these corporations do not live in the city; they reside in more

affluent surrounding communities that make up Saint Francis Hospital's secondary service area.

Hartford's population of 125,000 is composed of all races and myriad ethnicities. Some 44 percent of its citizens are Hispanic/Latino and 35 percent Black/African American, with subgroups that include refugees and immigrants from Africa, Eastern Europe, the Middle East, Asia, South America and the West Indies. Additionally, 22 percent of the total population in Hartford is foreign-born, bringing a tremendous diversity to the city.

The city is proportionately younger than the rest of the state as well as the country; over 25 percent of its residents are under age 17, and only 9 percent are over age 65, as compared to 22 percent and 15 percent for the state as a whole. This affects age-related health issues such as some forms of cancer, violence and accidental injury.

Hartford is a city of vibrant neighborhoods—17 distinct neighborhoods, to be exact—with a variety of housing stock ranging from high-rise downtown luxury apartments and condos to historic houses to single-family homes and a variety of rental options. The city's many neighborhoods are supported by a roster of community organizations that focus on issues such as economic development, housing, assimilation of new immigrants, education and historic preservation.

The city's 18 acres are dotted with green space—more than 20 parks of all sizes, which provide a respite from the commotion of the urban environment.

VII. THE CHNA PROCESS: A REVIEW OF EXISTING DATA AND MEASURMENT OF COMMUNITY PERSPECTIVE

The telephone chirps its insistent ring. The four-year-old sees her mother busy with the baby and runs to answer it.

"Hello?" she says. And then, in a louder voice, calls "Mom," drawing out the word to make it more than one syllable.

"A lady wants to talk to you about your health."

"My health?" The mother tucks the baby into his crib and picks up the phone.

"Hello?"

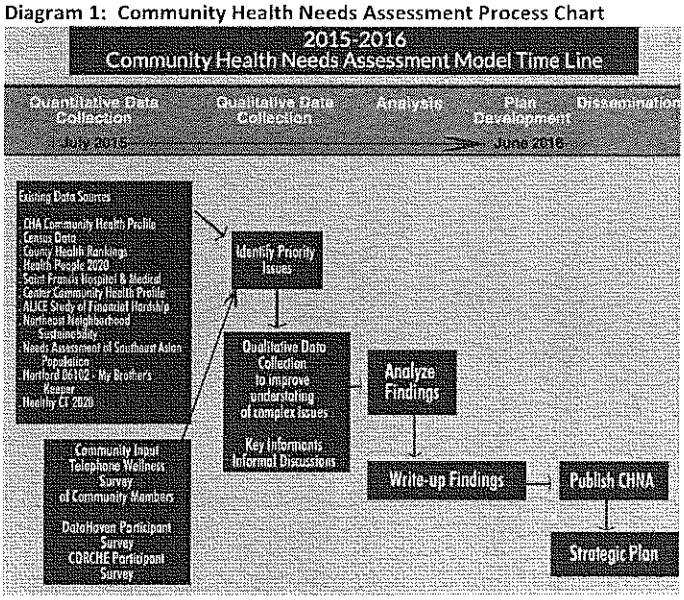
The voice on the other end of the line laughs softly.

"Was that your daughter? She's so cute! We are calling residents in Connecticut towns to ask them questions about the health of their community. The survey takes about 20 minutes; is this a time that would work for you??

Saint Francis' 2016 CHNA is based on an iterative community engagement and data collection strategy that began in July of 2015 and continued for the next nine months (see Diagram 1). The process commenced with the identification of a team

representing health care, community development, government and local groups and community foundation agencies. Work officially began with an agreement among these groups to review existing data sets; to engage DataHaven (a nonprofit data-collection organization specializing in public health) to complete telephone interviews of community residents; to involve program participants and conduct interviews and discuss priorities with "Key Informants" (community leaders and leaders of partner agencies, see Appendix 2).

Diagram 1: Community Health Needs Assessment Process Chart



Mary Stuart, Saint Francis Hospital, 2016

All aspects of the information-gathering process were designed to reach beyond the walls of the hospital to get answers to the questions: *Who? What? Where? How?* Throughout, the emphasis was on significant community input—in the form of telephone interviews with community members, surveys of program participants, informal discussions with community leaders and interviews with Key Informants to gain a better understanding of *what* is affecting the health of the Hartford Region. The team collected data at the local level to facilitate and identify *where* the greatest needs are concentrated and gathered information from collaborative partners through Key Informant interviews to maximize *who* should be included for collective impact. The resulting assessment will serve as a starting point to develop data-driven goals and strategies on *how* to address the needs that have been identified.

Findings from the CHNA will be used to develop a balanced portfolio of interventions in the areas of:

- Socioeconomic factors and the physical environment
- Health behaviors
- Clinical care

ANALYSIS OF EXISTING DATA SETS

The CHNA research team consulted existing data sets from a variety of sources, including (See Appendix 3 for list of website addresses):

The ALICE Study of Financial Hardship Report was based on 2012 data and commissioned by the Connecticut's United Way organizations. The study, carried out by the Rutgers University-Newark School of Public Affairs and Administration (SPAA), utilizes substantial community social and economic data to calculate indicators of financial viability and marginality, such as the "ALICE Threshold." ALICE is an acronym for Asset Limited, Income Constrained, Employed; the ALICE Threshold is "the actual cost of basic household necessities on a per county basis," i.e., the adequate survival level above the federal poverty guidelines. This metric provides a more realistic assessment of the "working poor."

Data are provided for the state, by county and major municipal areas, including Hartford.

The Northeast Neighborhood Sustainability Plan – Health Impact Assessment **(2014)** is the result of a remarkable initiative comprising community organizing, assessment and plan development, led by community residents and stakeholders in Hartford's impoverished North End. This plan was drafted under the direction of Community Solutions, an international non-profit active in Hartford. It identified community concerns and local resources and mobilized stakeholders to collectively address social determinants known to affect health problems characteristic of the area, such as street safety, deteriorating public and private infrastructure and green spaces, a lack of recreational opportunities and high unemployment.

Needs Assessment on the Southeast Asian Population in Connecticut (2014) was conducted by the Asian Pacific American Affairs Commission. The report presents data from a cross-sectional, face-to-face survey with 300 Asian Pacific residents of Connecticut (100 of Laotian origin, 100 Vietnamese and 100 Cambodian). Extensive data on demographics, health issues, health access were collected.

Hartford 06120 (2015) is a report generated by the My Brother's Keeper/Violence Free Zone Coalition. The report details the community assessment, program development and preliminary outcomes of the coalition's efforts to support education, foster employment opportunities and reduce violence among Hartford's North End youth. Data presented include a demographic profile and data on employment, educational attendance and graduation and violent injury data. The report concludes with recommendations for sustaining and enhancing the programs developed by the coalition.

Healthy Connecticut 2020: State Health Assessment report (2014) was developed by the Connecticut Department of Public Health with the assistance of the Connecticut Health Improvement Planning Coalition's Advisory Council. Data was compiled from an abundance of sources from the past year and decade, including 2010 census data, statewide hospital data and numerous other state reports. Seven focus areas were described: maternal, infant and child health; chronic diseases and their risk factors; infectious disease; mental health, alcohol and substance use; injuries and violence, environmental risk factors and health system data.

The Saint Francis Hospital and Medical Center Community Health Profile (2015) was provided by the Connecticut Hospital Association. This document summarizes hospital admissions and related data for the Saint Francis service area, with statewide comparisons extracted from data annually reported to the CHA by most hospitals in the state. The report features a demographic and social profile, summaries and key insights concerning 13 "leading health indicators."

COMMUNITY INPUT SOURCES

The CHNA research team used 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).

The 2015 DataHaven Community Health and Wellbeing Survey was conducted by DataHaven, a nonprofit public service organization, and was supported by over 100 state and local government, health care, academic and community partners. DataHaven's Mission is "to improve quality of life by collecting, interpreting and sharing public data for effective decision-making." The organization designed and conducted a telephone survey that collected information from a sampling of 16,820 residents of Connecticut and several zip codes in Westchester County, New York state. The sample was drawn with a random-digit dialing methodology and included subjects from all 169 Connecticut towns. Questions derived from a variety of standard surveys yielded data on residents' perceptions of their wellbeing, quality of life, neighborhood, employment and public health. The raw data and weighted data aggregated by various demographic variables are available online. This study represents an enormous resource for health care and social service agencies throughout Connecticut.

The Curtis D. Robinson Center for Health Equity Participant Survey (2015) generated data by conducting voluntary written participant surveys at public, typically faith-based, health screening events conducted by the center's staff. Demographic data, checklists of health concerns and access issues were collected in an effort to determine priorities for health education and engagement activities.

"Key Informant" interviews and informal discussions with community leaders were also used to gain insight into issues affecting the health of the community. The CHNA research team conducted qualitative telephone interviews of community leaders. The Key Informants consulted for this study have lived and/or worked in Hartford for decades. Some grew up in Hartford and have worked there all their lives. Others have worked in Hartford for decades. Most have been working in the public health field for 10 to 20 years. Participants were from community-based organizations, such as the Hispanic Health Council, Food Share and the YMCA, while others were from public health agencies, such as the Department of Health and Human Services.

The CHNA research team also engaged with leaders of partner organizations about priority health issues and how to have a positive impact on those they serve.

VIII. CHNA FINDINGS: A MODEL FOR UNDERSTANDING HEALTH NEEDS

They had gotten together over lunch for one of their periodic catch-up sessions. It was easy to feel burned out in this kind of work and sometimes it was just good to talk to someone who understood the challenges. The pair had known each other since their school years, and both had gone into social services. She worked with a public health agency and he was from a youth services program. The modest conference room at her office wasn't being used, so they opened their bag lunches on the table and dug in.

"I have one case that's just so hard," she said. "The father has been out of work for two years. He's hypertensive and he just had a heart attack. No wonder he's also depressed. The mother works part-time and does all of the housework. When I've been to see the father on home visits, the kids are acting out, showing signs of stress."

"That's so typical," he said. "Kids might not be able to express it in words, but their behavior will always tell you when there's stress at home. Were they there when he had the attack? Having a sick parent is hard for a kid."

I don't know where he was," she said. "But even if they weren't with him, it's devastating. Now he's supposed to be on his diet, but it's hard for him to stick to it, because their SNAP benefits typically run out a few days before the end of the month, and anyway, the only place that sells food in their neighborhood is a convenience store. That's a minefield for a hypertensive cardiac patient! The supermarket is across town, at the beginning of the month she pays for bus fare or a taxi to get home after she stocks up on groceries. She's got it down to a science, but she still winds up at the pantry at the end of the month—and whatever's there is there—salty canned foods, like canned ham and mac 'n' cheese.

"It all comes down to money," he replied. "Everything—what you eat, where you live, the quality of the school your kids go to. And any little hiccup—things that middle class people in the 'burbs wouldn't think twice about—can be a crisis. I had a kid whose brother threw one of his sneakers down the sewer. So he didn't go to school for two weeks because he didn't have shoes. The family had just enough money for rent and food. They're fairly new in town and the parents don't speak English well, so they didn't know where to go for help. When I found out about it, I got the kid a pair of sneakers—and some boots for the snow. But by then he had already missed two weeks of school. Oh, and they don't have a working phone, so when the school tried calling, they couldn't get through. Money again."

"It's really heartbreaking," she replied.

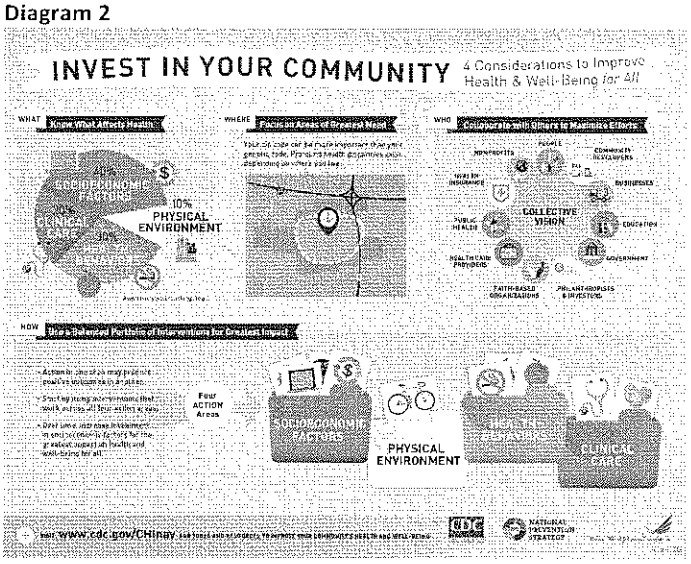
Barriers to good health have a disproportionate effect on those who live in poverty, and those barriers fall into several broad categories. The federal Centers for Disease Control and Prevention (CDC) created a framework that defines the elements of good health and published this framework as an infographic titled "Invest in Your Community: 4 Considerations to Improve Health and Wellbeing for All" (see Diagram 2).

Data collected and reviewed by the CHNA team was analyzed using a modified version of the CDC's framework. This model is organized to focus the findings into categories that impact health.

- Socioeconomic Factors and Physical Environment, which account for 50 percent of the health "pie"
- Health Behaviors, which account for 30 percent
- Clinical Care, which accounts for 20 percent.

(Note that the CDC model considers socioeconomic factors and the physical environment as two separate elements of good health; however, the Saint Francis CHNA team chose to consider them together, as they are often interdependent.)

Diagram 2



CDC Graphic: Diagram 2: Invest in Your Community

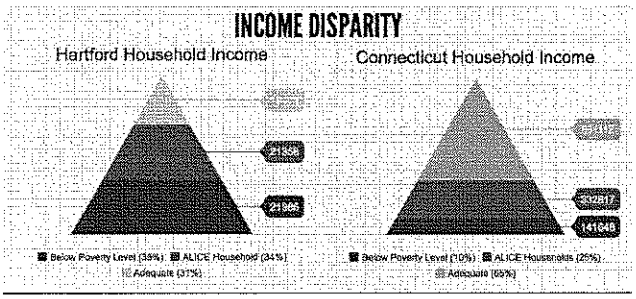
SOCIOECONOMIC FACTORS AND PHYSICAL ENVIRONMENT

Good health owes to a combination of factors: genetics, lifestyle, environment, medical care, education and, most importantly, place. Where you live is the greatest predictor of what how healthy you will be. People are born with their genetic makeup, but the other factors that contribute to health depend on resources like a good education, a safe neighborhood, employment opportunities, affordable housing, appropriate medical care, community support and an environment that allows for good lifestyle choices, these factors are known as the "social determinants" of health. The Key Informants consulted for CHNA 2016 had much to say about the socioeconomic factors impacting health, as did the quantitative demographic and public health sources analyzed.

Income, Employment and Poverty

The data about poverty in Hartford is dramatic. When combined, the numbers of households living below the federally defined poverty level *and* those living at the ALICE Threshold (Asset Limited, Income Constrained, Employed) reveal that only 31 percent of Hartford households had adequate income, compared to statewide figures of 65 percent of households with adequate income (see Figure 1). The DataHaven survey found that the median household income for Hartford is $29,313; less than half that of the state average of $69,899.

Figure 1: Income in Hartford and Statewide

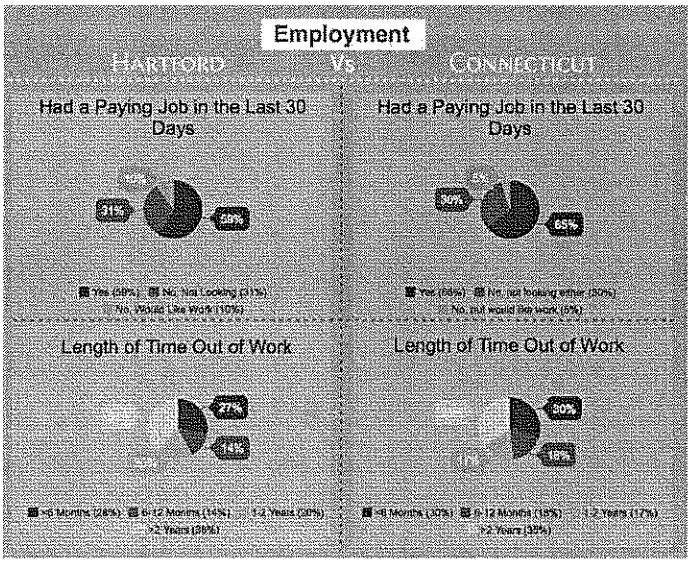


The ALICE report, coordinated by the Connecticut United Way organizations, measures the percentage of families who are financially insecure and may be unable to pay for their families' basic needs, which are: housing, child care, food, health care, and transportation. As shown above, two-thirds of Hartford's residents struggle to pay for their basic needs.

Many interviewees said that access to the resources needed for good health is based on economics—specifically, on an individual or household's income. Good lifestyle choices are easier to make when there is enough income available to follow through on them; healthful environments are likewise more easily accessible when an individual or household has the income to afford them. Time and again, the Key Informants consulted for this CHNA cited poverty and/or low income as a significant barrier to a healthy community. "When it comes to poverty, you have very, very limited opportunities and options and that absolutely, directly impacts who you are, how you are and your overall wellbeing," said one.

Nor does Hartford's overall employment rate fare well when compared to that of the state as a whole. Some 59 percent of Hartford residents held jobs during the 30 days prior to the survey, as compared to 65 percent statewide. And twice as many Hartford residents were actively seeking employment as residents of the state as a whole (see Fig 2).

Figure 2: Employment in Hartford and Statewide



Source: DataHaven Community Health and Well-being Survey, 2015

Twice as many people are looking for employment in Hartford compared to the state overall.

Some of the Key Informants for this CHNA maintained that poverty is the underlying factor to all the other barriers to health, and said that it impacts all aspects of life and makes it difficult for individuals to meet their basic needs. As one person said, "It affects everything." Another Key Informant

summed up the issue of poverty and its global impact on the quality of life by saying, "The barriers that have been identified [education, employment, and safety]. . . are really about opportunity and resources. . . . It's a lot more challenging and difficult for individuals to be able to secure employment that is actually able to sustain a quality of life for them and their families."

EDUCATION

Clearly, the level of educational attainment is correlated with employment and poverty, which determines where children live and, in turn, which schools they attend. One Key Informant put it like this: "In a larger sense, it's a city that is so poor, it has less of a tax base and that impacts city services, so then it impacts the education system. So it creates, in a sense—I hate to say a cycle of poverty 'cause I hate the way that usually is used—but in this sense, poverty impacts the city's ability to turn the situation around unless larger systems are changed in a much more fundamental way."

Only 70 percent of Hartford residents over age 25 have a high school diploma, as compared to 90 percent of state residents. Additionally, just 5 percent of city residents complete college, compared to 37 percent of residents throughout the state. Data from *Hartford 06120* by the My Brother's Keeper/Violence Free Zone Coalition highlights the issue of chronic absenteeism, which affects the rate of graduation. In the Northeast neighborhood, between 30 and 65 percent of students are absent from school each day. If this were due to illness, it would be seen as an epidemic.

UNSAFE NEIGHBORHOODS

Violence and neighborhood safety have a direct impact on health in areas of Hartford. Some of the residents surveyed noted that they feel unsafe in crosswalks and walking on sidewalks, while others bemoaned the lack of bike lanes. Even more reported feeling threatened walking the streets in their own neighborhoods (see Figure 3). Indeed, homicides and physical violence are a frightening reality in some areas. In 2015, Saint Francis had 2,985 Emergency Department visits and 225 inpatient admissions resulting from attempted homicides and intentional injuries. *Hartford 06120,* the report by My Brother's Keeper/Violence Free Zone, noted that the city's homicide rate increased from 15 murders in 2014 to 31 homicides in 2015. A survey by the Curtis D. Robinson Center for Health Equity found that 46 percent of Hispanic respondents had been "impacted by violence" (see Figure 4). This finding is supported by data from the National Center for Children in Poverty, which found between 25 and 90 percent of children and youth experience events that leave them traumatized.

Trauma has a disproportionate effect on members of minority groups. Using statistics from the Saint Francis Hospital Trauma Registry and Medical Center, *Hartford 06120* reported that in 2015, 75 percent of its trauma patients were black/African American; 18.5 percent were Hispanic and 7.3 percent were white or "other."

Figures 3 & 4: Hartford Neighborhood Safety Concerns and Violence in Hartford

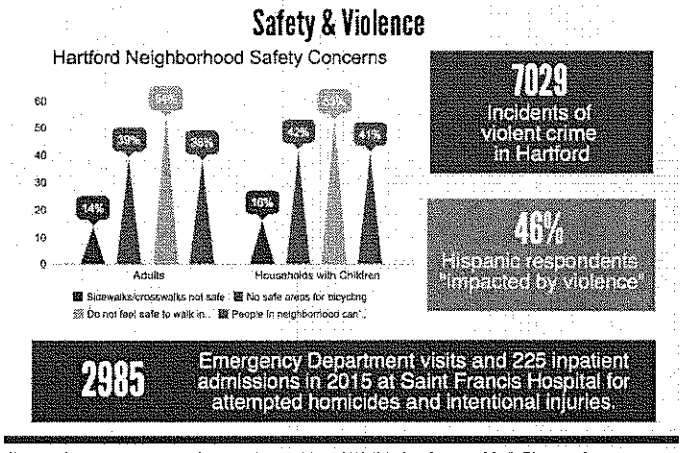


Figure 3 Source: DataHaven Community Health and Well-being Survey, 2015. Figure 4 Source: Northeast Neighborhood Community Solutions Report, 2010 data. Connecticut Hospital Association CHME report. Curtis D. Robinson Center for Community Health Equity Survey.

For some Hartford residents, violence seems to be something they know and live every day. One Key Informant put it this way: "We get a lot of the gunshot victims. So after the gunshot, they're going home paralyzed, same home, same neighborhood, same idea that violence may be the answer. The nurse goes in and makes a home visit and it is in this environment where they're plotting and planning that you're not even certain if you're safe."

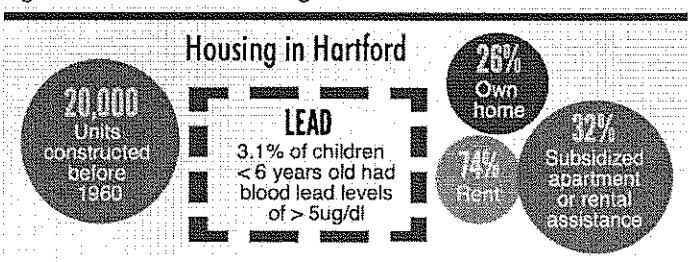
Housing

Housing is a basic human need, and one that contributes to health in innumerable ways, both directly and indirectly. As one of our Key Informants noted, "You may have the most wonderful hospital in the world, but if people are going home to houses that are not properly heated, or going to poison them because of lead, or in neighborhoods where you worry if you send your children outside, then it's not a healthy community."

Some 20,000 housing units in Hartford were constructed prior to 1960, according to *Healthy Connecticut 2020* (see Figure 5). Older housing brings with it an assortment of threats to health that range from deteriorated conditions to insufficient heat to high levels of lead. In Hartford, over 3 percent of children less than age 6 have blood lead levels over 5 µg/dl [2] which puts them in the 97th percentile as compared to national lead levels.

One Key Informant commented that for some city residents, being able to afford any housing at all remains a challenge. Lacking enough income and/or consistent income, "they jump from one housing place to another," resulting in a lack of stability and continuity in other areas of life, including their health care, the informant said. Home ownership in Hartford is very low, at 26 percent, compared to a state average of 67 percent.

Figure 5: Facts about Housing in Hartford



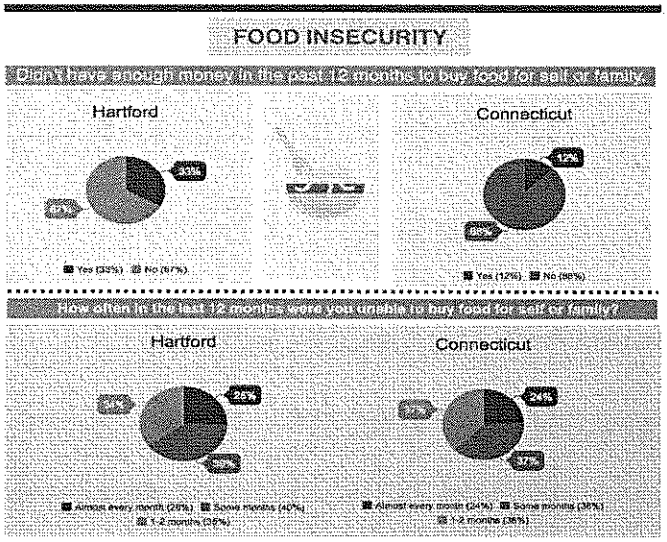
Sources: Connecticut Department of Public Health, *Healthy Connecticut 2020: State Health Assessment* 2014. Connecticut Department of Public Health, Child Lead Levels 2015. DataHaven Community Health and Well-being Survey 2015

DataHaven developed a "Housing Insecurity Rate" which is made up of a set of questions that measure the cost of housing compared to income; rate of home ownership; satisfaction with current housing; length of residency and plans for

continued residency. The rate of housing insecurity in Hartford is 12 percent, twice that of the state overall. This lack of housing stability impacts both physical and emotional health and is inextricably linked to poverty.

As one Key Informant said, "Poverty impacts housing; if folks don't have a sustainable job and a sustainable income, they jump from one housing place to another and especially for the young children, it doesn't create the kind of stability that is needed."

Figure 6: Not Enough Money for Food: Hartford and Statewide



Source: DataHaven Community Health and Well-being Survey, 2015

Food Insecurity

Food insecurity—the lack of regular access to a high-quality, varied and healthful diet, or worse, the lack of regular access to any food at all—is common in Hartford. More than one-third of residents surveyed reported lacking enough money to feed themselves or their families at some point in the 12 months prior to the survey, and of those, 25 percent said this happened repeatedly (see Figure 6). "People who are below poverty [level] tend to need food assistance all the time," said one Key Informant. Those who are working but still, as the Key Informant said, "'near poor,' are not necessarily eligible for any government assistance, but they're not making enough money to pay all their bills. That makes them food-insecure." Even for those who can buy food, the availability of *healthful* food is yet another challenge, especially for people who must rely on mass transportation and live in neighborhoods without supermarkets where fresh produce and other healthful choices are available. "You have the mom-and-pop stores and the bodegas, but when we talk about access to healthy foods and vegetables, you don't see that in Hartford."

In Hartford, over one-third of residents surveyed report not having enough money to feed themselves and their families. Of the people who don't have enough money for food on a regular basis, 25 percent don't have enough food almost every month. Children were living in over 30 percent of the homes that reported inadequate money for food. Compare this to Connecticut as a whole, where just over 10 percent of residents reported insufficient funds to pay for food on a regular basis.

Transportation

Of those who live in Hartford, only 58 percent indicated they had regular access to a car, as compared to 85 percent in Connecticut as a whole. Access to reliable transportation is correlated with income; low-income residents indicated they had access 33 percent of the time, while and upper-income residents had access 92 percent of the time. In Hartford, 25

percent of residents indicated that public transportation is their primary means of getting from place to place. Transportation barriers are also cited as a reason for not going to health care appointments.

HEALTH BEHAVIORS

In the CDC's model for community health and wellbeing, health behaviors account for 30 percent of the health equation. Health behaviors refer to choices that individuals make with regard to their lifestyle or habits that are known to influence their health. Data about diet and exercise, obesity and substance abuse are included in this section.

Several Key Informants commented that people who face multiple significant challenges--starting with poverty and continuing with the struggles in housing, education, child care, safety and others that result—simply don't have the bandwidth left over to make health and/or healthy lifestyle choices a priority.

Diet, Exercise and Obesity

The problem of obesity has gained renewed attention in recent years, especially thanks to First Lady Michelle Obama's efforts to promote healthful eating and exercise. The health risks of obesity have become well known; it has been linked to diabetes, heart disease and high blood pressure.

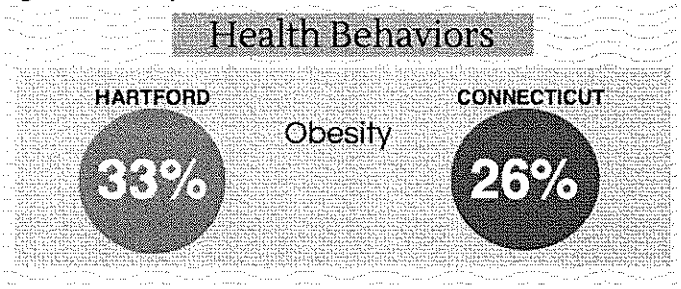
But despite the widespread publicity about the benefits of a healthy diet and maintaining a healthy weight, making behavioral choices to fight obesity is more of a challenge in some neighborhoods than others. It's easier to eat fresh produce on a regular basis when it is available in a nearby supermarket that you can get to in a private car and you have sufficient income. For those who rely on mass transportation, have no local markets that carry fresh foods and can't afford higher-priced selections, eating for health—a key health behavior—is no easy matter (see Figures 6 and 7).

As one Key Informant said, ""A lot of the general public does not understand the connection between food insecurity—let's just call it simply someone who's been hungry—and obesity. They may be eating food because it's donated food and that's all they're being offered. . . . Someone with high blood pressure is eating too much salt because that is what's donated—a whole lot of canned food. And they're eating canned food two and three times a day, if that's what they're being offered." Another Key Informant pointed out: "Someone who is working two or three jobs in order to feed their family . . . [has] very little time left in their day to do basic things: go to the food store, prepare a meal, shop, or meal planning. And so they end up needing to do things in the shortest amount of time, which generally means less healthy options."

The rate of obesity in Hartford is 33 percent, comparable to that of the state of Alabama—which means that the prevalence of obesity among Hartford residents is equivalent to that of the top five states with the highest rates of obesity nationwide. In contrast, the state of Connecticut is ranked 43rd for overall obesity rates.

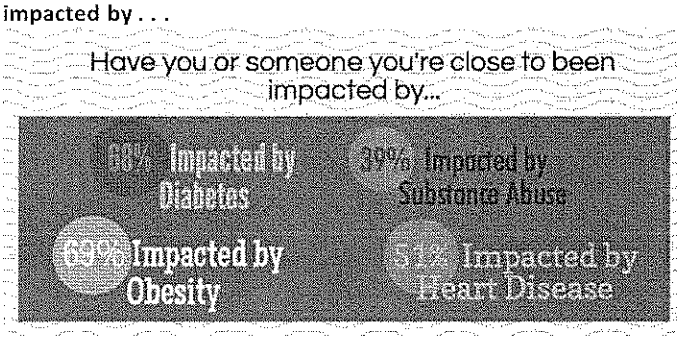
Data from the Curtis D. Robinson Center for Health Equity Participant Survey showed that diseases linked to health-related behaviors impact Hartford residents at alarming rates.

Figure 7: Obesity in Hartford and Statewide



Source: Connecticut Department of Public Health, Healthy Connecticut 2020: State Health Assessment, 2014.

Figure 8: Have you or has someone close to you been impacted by . . .

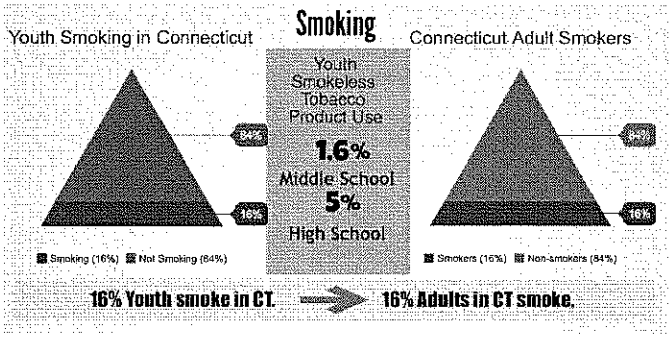


Source: Curtis D. Robinson Center for Health Equity Participant Survey, 2015.

Smoking

Smoking, another individual health choice, causes a spectrum of serious and life-threatening illnesses; it can lead to a host of lung diseases including cancer, as well as cardiovascular disease. Although changes in smoking regulations over the past decade have affected overall smoking rates, the current rates of smoking among youth and adults is similar, highlighting the challenge to further impact this behavior. This is important in part because becoming addicted at a young age makes it harder to quit smoking in adulthood (see Figure 9).

Figure 9: Smoking in Connecticut



Source: Connecticut Department of Public Health, Healthy Connecticut 2020: State Health Assessment, 2014

Substance Abuse

The impact of substance abuse on Hartford residents is significant. As noted in Figure 8, more than one-third of survey respondents indicated that substance abuse is a problem that impacts themselves or their family. For Hispanic respondents, this percentage increased to 46 percent.

Opioid use and abuse of prescription drugs at the national level has increased, and the Hartford region is no different. As noted in Figure 14, alcohol and substance abuse is the number one reason for Emergency Department non-admissions at Saint Francis. The issue of opioid use was also mentioned by health leaders in surrounding towns served by Saint Francis.

CLINICAL CARE

The CDC's model of community health and well-being identifies one other factor: clinical care. Clinical care encompasses all the many kinds of healthcare that modern society relies on, from preventive care to treatment, from everyday illnesses to serious, chronic conditions, from mental health care to dental care and more.

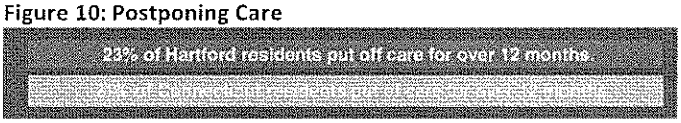
Access to providers and necessary preventive treatment is the foundation of clinical care. Yet, the data collected for this CHNA showed that, as with the other aspects of the CDC model, socioeconomic barriers can and do interfere with access to care.

Socioeconomic Barriers to Care

The Affordable Care Act has done much to ensure that citizens can enroll in a health insurance plan, but it is only part of the equation. As with food insecurity, lack of money and reliance on public transportation can limit access to care, and so can the parameters that are set by health insurance plans: copays, referral policies and specific "in-network" providers.

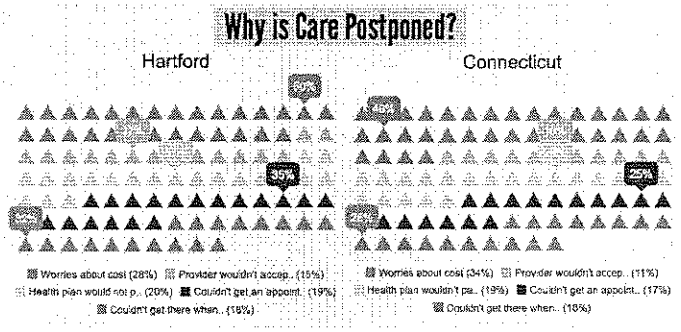
Finally, providers' business hours might not match clients' needs (see Figures 10,11,12). All of these socioeconomic realities can result in people postponing needed clinical care.

Figure 10: Postponing Care



Source: DataHaven Community Health and Well-being Survey, 2015

Figure 11: Why Care is Postponed



SOURCE: DataHaven Community Health and Well-being Survey, 2015

Access to care continues to be a problem in both Hartford and the entire state of Connecticut. Over 20 percent of residents report delaying care in the past year, primarily due to finances and insurance problems. Remarkably, in a city with a relatively high density of health care facilities, 35 percent of residents could not get an appointment in a timely fashion and 32 percent couldn't get to the facility when it was open.

Cultural Barriers to Care

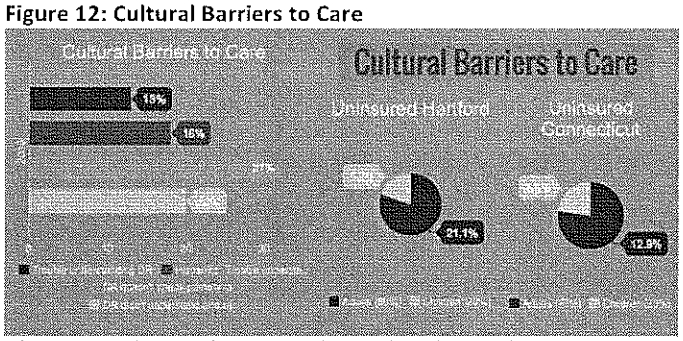
Hartford is diverse, and many of the people interviewed said that health care practitioners do not know enough about the population they serve to provide quality care (see Figure 12). Something as seemingly simple as providers speaking the same language as their clients can make all the difference; if a patient doesn't understand follow-up instructions, there's a good chance the clinical visit will not have the intended outcome.

"I still think that there are pockets of population that—I believe—are completely disconnected from the concept of health," said one Key Informant. "Thinking about the population we serve, it was a linguistic barrier, and economic barriers that prevented optimal health. I also think when they did access health services, more often than not they perceived—or they experienced—racial bias."

In the same way that that providers' lack of cultural knowledge of their patients gives rise to cultural barriers to care, so too, can their clients' misunderstandings and mistrust of the health care system.

This point was brought out in interviews with Key Informants. "What it boils down to," said one Key Informant, "[is that] it's really about communities not having accessibility for the qualified care that they deserve, and that would include being considerate of their culture and language."

Figure 12: Cultural Barriers to Care



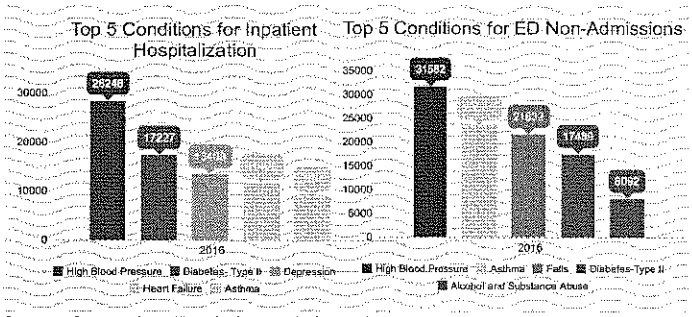
SOURCE: Curtis D. Robinson Center for Health Equity Participation Survey, 2015

LEADING HEALTH CONDITIONS

This CHNA also explored the specific health problems of Hartford's residents—many of them problems that are exacerbated by both poverty and the barriers to community health detailed earlier.

For example, diabetes is a disease whose control is dependent on at least two of the major barriers to community health (food insecurity and access to clinical care). It was among the top five reasons for both in-patient admissions and Emergency Department non-admissions at Saint Francis. Hospital data also counted high blood pressure, depression, asthma, heart failure, alcohol and substance abuse (see Fig13).

Figure 13: Hospital Use: Saint Francis Service Area: Top 5 Inpatient and Outpatient Diagnoses



Source: Connecticut Hospital Association Saint Francis Hospital and Medical Center Community Health Profile 2015

Community Health Profiles, developed by the Connecticut Hospital Association for the Saint Francis Service Area and for Hartford, reveal significant racial and ethnic differences in the population of these two regions and in the care they receive. The diversity of Hartford is reflected in the profile of patients seen in the ED as noted below.

Cardiovascular Disease

Connecticut is experiencing over 27,000 years of potential life lost due to premature death as a result of heart disease, according to *Healthy Connecticut 2020.* The rates of both high blood pressure and heart disease in Connecticut are approximately 30 percent. Blacks and Hispanics have significantly poorer outcomes than whites.

Cardiac issues can cause a ripple effect that touches every area of life, which is especially hard for those who live in poverty or near-poverty. This, in turn, affects their well-being dramatically. As one of the Key Informants explained, "Any kind of cardiac issue that results in mobility problems impact

your ability to get to your doctors, move around your house, even bathe yourself. It may mean you need help from someone every day."

Asthma

In Connecticut, 10 percent of adults and 12 percent of children overall suffer from asthma. It is clear when looking at the data more carefully that there are significant disparities in the incidence of asthma in Hartford and the state as a whole, and among different racial and ethnic groups (see Table B).

Table B

Table B Asthma Prevalence in Hartford and Statewide

	WHITE	BLACK	HISPANIC
HARTFORD	18%	13%	22%
CONNECTICUT	9%	11%	12%

Source: DataHaven, Community Health and Well-being Survey, 2015

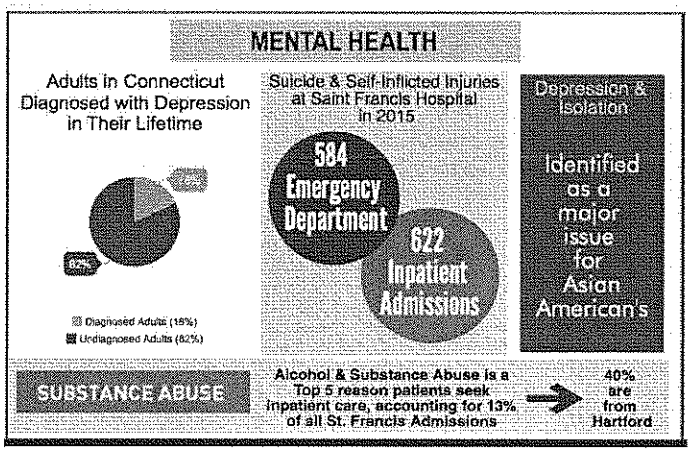
Diabetes

In Connecticut, over 8 percent of adults are diagnosed with diabetes; in Hartford that rate is 12 percent of adults. This represents a significant increase in the past 10 years. Diabetes is often the result of other issues including obesity, limited access to healthful food and lack of physical activity. Differences are also seen when looking at the data by race. As with obesity, behavior change related to diabetes is a long process and requires that patients remain motivated to make lasting change.

Mental Health

Mental health issues can have a profound effect on quality of life. Depression was among the top-five reasons for admissions at Saint Francis in 2015. The data review and the Key Informant interviews highlight the importance of mental health (see Figure 14). Several Key Informants maintained that it is both a disease that requires care and a barrier to care—and to the challenges of living in poverty. As one Key Informant said, "Integration and collaboration between mental and physical health is critical. People cannot get well if their mental health and their substance abuse issues aren't addressed."

Figure 14: Mental Health



Connecticut Department of Public Health, *Healthy Connecticut 2020: State Health Assessment*. Asian Pacific American Affairs Commission, Needs Assessment on Southeast Asian Population in Connecticut, 2014. Connecticut Hospital Association: Saint Francis Hospital and Medical Center Community Health Profile, 2015.

Depression and trauma cut across class, race and geography; however, youth and families of color disproportionately experience trauma. This, according to *Hartford 06120,* the report by My Brother's Keeper/Violence Free Zone, can lead

to other behaviors that impact the trajectory of a child's life.

For example:

- Truancy, poor academic performance and dropping out of school.
- Frequent encounters with law enforcement and involvement in the juvenile justice system.
- Anxiety and depressive disorders and thoughts of suicide and/or hurting others.
- Difficulty forming trusting and meaningful relationships at home and school, and among peers, with significant others and other positive role models.
- Early initiation of drug use.

As one Key Informant commented, "Mental health is a huge barrier. We have a lot of communities that are suffering with mental health issues. . . . We don't do enough to be able to engage in outreach to these specific communities and tailor it to their cultural and linguistic needs.

IX. GOING FORWARD: MAKING HARTFORD A HEALTHIER PLACE TO LIVE AND WORK

The warm, sunny day had brought everyone out to the park. The farmer's market was in full swing, the music of a salsa band filled the air, and a gaggle of children danced in front of their makeshift stage.

At the other side of the market, a chef was demonstrating a recipe for a spicy slaw. "It's full of nutrition," she said, handing out samples in tiny paper cups. "And best of all, it's delicious and easy."

Throughout the market, young and old wandered through the farmers' stalls, eyeing the bright greens, vivid reds, and brilliant oranges and and yellows of the produce that had been picked that very morning. At one stall, the farmer was selling watermelon. Elsewhere juicy peaches were on offer, along with peppers, carrots, onions, herbs, assorted greens, and even honey. A baker was selling several kinds of fragrant, yeasty breads.

Some of the shoppers paid with cash, but others paid with their vouchers or SNAP cards—and got double the value because they were shopping at the farmer's market. On this day, a health information booth occupied a spot in the market. Nurses were taking people's blood pressure and talking about follow-up care.

Salsa music echoed through the market, putting everyone in a good mood. One couple began to dance. Then another, and then a group of teens joined in. A woman with her arms full of grocery bags had been just about to leave, but she too found herself dancing, still holding her packages. "I can't resist," she said to no one in particular.

A bus rounded the corner and stopped at the bus stop. A half dozen people got off and made their way to the park, headed for the market. A mother and her six-year-old daughter got on. "Cuidado," said the mother, who was carrying bags loaded with fresh fruit, vegetables and bread. "Watch your step."

The six-year old climbed onto the bus; the steps were almost too big for her short legs. Once seated next to her mother, she retrieved a handful of sugar snap peas from the pocket of her jacket and munched on them contentedly. "Mama," she said, "I never knew vegetables tasted so good!"

VISIONS OF A HEALTHY COMMUNITY

Many of the Key Informants consulted during the preparation of this CHNA had strong opinions about the ingredients of a healthy community. These typically focused directly on the socioeconomic factors that affect health outcomes. The socioeconomic factors mentioned most often by the Key Informants were:

- Healthy food options and information about nutrition
- Adequate employment that pays enough for people to support their families without the need to work two or three jobs
- Safe and affordable housing
- Good-quality education for both for children and adults
- Culturally sensitive support systems

Another common theme was the need for communication and dissemination of information between the various organizations and agencies in Hartford and from these organizations and agencies to the residents.

HARTFORD'S ASSETS

The Key Informants who participated in this CHNA noted that despite the numerous problems the city must face, it has many assets as well. They enumerated the city's physical assets, including its neighborhoods, hospitals, and parks. While they acknowledged the city's tangible assets, they also emphasized intangibles. Almost every Key Informant said that diversity enriches the city of Hartford and makes it a more interesting place to live and work.

They also cited the number and quality of its community-based organizations, some of them with national reputations. The leaders and staff of these organizations are passionate, intelligent and have a deep understanding of Hartford, the residents, politics and ecosystem as a whole.

NEXT STEPS/CONCLUSION

Clearly, there is much work ahead for public health organizations, of which Saint Francis Hospital and Medical Center is just one. Setting up a health care infrastructure that is able and equipped to take on the barriers to community health will require:

- Strong leadership and a committed set of coalition partners.
- Maintaining an iterative ongoing community engagement process.
- A broad focus on community health and wellbeing.
- An understanding that the climate for community transformation work has changed.

This information will be used to develop a Strategic Plan for Community Transformation. The groundwork has already begun with the development of the Wellbeing 360 Coalition. This group will play a critical role in reviewing the findings here and working to develop a plan for change. Having affiliated with Trinity Health, Saint Francis Hospital and Medical Center is poised to meet the challenges that will come.

X. APPENDICES

Appendix 1: Centers of Excellence – Saint Francis Hospital and Medical Center

Saint Francis Hospital and Medical Center offers five centers of excellence—easily accessible treatment centers focused on particular conditions—plus a host of other services.

- **The Mount Sinai Rehabilitation Hospital** occupies the former Mount Sinai Hospital campus in the city's North end. In 1990, Saint Francis affiliated with Mount Sinai Hospital, a Jewish-sponsored institution that opened in 1923. Mount Sinai was born of a vision similar to the one that led to the founding of Saint Francis decades earlier. The collaboration marked the first recorded instance of a Catholic and Jewish hospital affiliation in United States history. The arrangement was formalized as a corporate merger in 1995. Today, the 60-bed facility is Connecticut's only freestanding acute care rehabilitation hospital.
- **Smilow Cancer Center Yale-New Haven at Saint Francis** is one of New England's leading outpatient cancer treatment centers, providing the latest technology and the most comprehensive range of treatment options in the region. More than 1,500 cancer patients and their families depend on the center every year. The team approach that distinguishes the center streamlines the diagnosis and consultation process, and individualized care plans can include a combination of conventional and investigational therapies.
- **The Hoffman Heart and Vascular Institute of Connecticut** is the largest open-heart surgery center in Connecticut. In emergencies, Saint Francis delivers the fastest response to heart attack in the area and routinely performs more cardiac catheterizations than any other heart center in the state—numbers that directly correlate with saving lives. With state-of-the-art technology, Saint Francis cardiologists can correct heart rhythm disorders and manage patients with advanced congestive heart failure. Because heart disease is also the leading cause of death in women and frequently overlooked, the **Women's Heart Program at Saint Francis** is a risk-reduction and education program for women designed to prevent both heart attack and stroke.
- **The Connecticut Joint Replacement Institute,** the newest of Saint Francis' Centers of Excellence, is recognized as one of the major arthritis and joint replacement centers on the East Coast. Since it opened in 2007, it has become the largest joint replacement center in Connecticut. Led by fellowship-trained orthopedic surgeons, this "hospital within a hospital," is distinguished by dedicated operating rooms and staff for hip and knee replacement and multidisciplinary teams working together to provide expert care for patients needing joint replacement procedures. The staff is also involved in research in materials used in joint replacement surgery and in post-operative pain control.
- **Women and Children's Health:** Caring for women and children begins before conception and extends beyond retirement. Labor and delivery, gynecological care and comprehensive breast health are flagship programs of Saint Francis' Women and Infants Health program. The **New Beginnings Family Birth Care** model provides a unique birthing experience for each mother and her family. It offers enhanced privacy features, attractive and comfortable surroundings and the latest medical technology, including a Level III neonatal intensive care unit (NICU) and a state-of-the-art antepartum diagnostic center. Delivery by a nurse midwife is among the options available. When gynecological problems arise, expert surgeons and minimally invasive technologies, including robotic surgery, offer quicker recovery with better outcomes. At the **Comprehensive Women's Health Center**, women with breast health concerns, both routine and complex, benefit from a streamlined approach to breast cancer prevention, diagnosis, treatment and recovery.

  In addition to its centers of excellence, Saint Francis offers a full range of expert medical and dental care with respected programs in:

  - Stroke care
  - Surgery
  - Surgical weight loss
  - Diabetes management
  - Orthopedic and sports medicine
  - Pain management
  - Integrative medicine

Appendix 2: Key Informant Agencies

Community Health Needs Assessment

Organization	Topic Area	Geographic Area
Faith Care	Faith/Health	Hartford
Harriott Home Health Services	Home Health	Hartford
YMCA	Physical Health	Hartford
Hispanic Health Council	Hispanic Health and Well Being	Hartford
Hartford Food System	Food Insecurity	Hartford
Food Share	Food Insecurity	Hartford
Hartford Health and Human Services	Public Health	Hartford
CT Asian Pacific American Affairs Commission	Asian American Well Being	Connecticut
Hartford Foundation For Public Giving	Community Investment	Connecticut
Asylum Hill Neighborhood Association	Community Development	Hartford

Appendix 3: 2106 CHNA Data Resource Website Addresses

- ***The ALICE Study of Financial Hardship Report:*** http://alice.ctunitedway.org/files/2014/11/14UW-ALICE-Report_CT.pdf
- ***The Northeast Neighborhood Sustainability Plan – Health Impact Assessment:***
- https://cmtysolutions.org/sites/default/files/wysiwyg/nh_healthimpactassessment.pdf
- ***Needs Assessment on the Southeast Asian Population in Connecticut (2014):*** http://ctapaac.com/wp-content/uploads/2014/12/APAAC-NEEDS-ASSESSMENT30JUNE2014-REPORT.pdf
- ***Hartford 06120 (2015):*** http://www.mbkhartford.org/
- ***Healthy Connecticut 2020: State Health Assessment report (2014):*** http://www.ct.gov/dph/lib/dph/state_health_planning/shaship/hct2020/hct2020_state_hlth_assmt_032514.pdf
- **The 2015 DataHaven Community Health and Wellbeing Survey:** http://www.ctdatahaven.org

Appendix 4: Priority Health and Well-being Issues for Surrounding Towns

Priority Health Issues - Community members from Towns surrounding Hartford have some of the same health needs and others that differ due to suburban environment. Discussions with the health leaders from surrounding towns revealed the following information:

Town/Health District	Top Health Priorities
East Hartford	Nutrition/Diet/Exercise; Diabetes; Mental Health; Heart Disease; Substance Abuse
Northeast Health District	Behavioral Health; Substance abuse; Obesity; Access to health care
Windham	Crime/Safety; Sexually transmitted diseases
Enfield	Substance abuse
Bloomfield/West Hartford	Social isolation of Asian population; Diabetes; Exercise; Obesity; Heart disease

ALICE households by town- The Alice Index is a measure of income stability which identifies families who have limited resources but do not meet the federal poverty guidelines. Data about surrounding towns reveal significant pockets of low income residents.

Town	Total (ALICE + poverty households)
Hartford	69%
East Hartford	47%
Vernon	39%
Manchester	35%
Windsor Locks	35%

Average Chronic Absenteeism of Students by School District- Information about school delinquency indicates a significant amount of instability in households in these towns.

School District	Percent
Hartford School District	26%
Manchester School District	16%
East Hartford School District	14%
Somers School District	13%
Enfield School District	12%
East Windsor School District	11%
Windsor Locks School District	11%

Connecticut State Department of Education, via CT Data Collaborative

ENDNOTE

[1] *Why We Can't Wait for Tomorrow: Saint Francis Hospital and Medical Center 2015 Annual Report*, page 16.

Greer, Leslie

From: Cotto, Carmen
Sent: Wednesday, August 17, 2016 2:23 PM
To: 'chartley@stfranciscare.org' (chartley@stfranciscare.org); 'Rotavera, Liz' (LRotaver@stfranciscare.org)
Cc: Roberts, Karen; Greer, Leslie
Subject: Compliance with CON_DN 15-31979-CON

Dear Mr. Hartley:

The Office of Health Care Access (OHCA) is notifying you of a filing deficiency related to the Agreed Settlement under DN 15-31979-CON, the merger of Saint Francis Care, Inc. into Trinity Health Corporation.

Stipulations 10 and 11 required the first filing of the semi-annual submission of financial data to be filed on May 31, 2016. A review of the records for this docket number shows that these two filings have not yet been received and are significantly overdue. Please make submission of this missing material to OHCA at the earliest convenience but no later than September 16, 2016. Please continue to file your compliance submission using the OHCA inbox at OHCA@ct.gov and reference the docket number.

If you have any questions please contact me or Karen Roberts at (860) 418-7041 or Karen.Roberts@ct.gov.

Thank you,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov

www.ct.gov/dph

Greer, Leslie

From: Cotto, Carmen
Sent: Friday, September 09, 2016 2:21 PM
To: Rosadini, Mary Lou (MRosadin@stfranciscare.org)
Cc: Cable, Kimberly (KCable@stfranciscare.org); 'Rotavera, Liz' (LRotaver@stfranciscare.org); Roberts, Karen
Subject: Compliance with CON_DN 15-31979-CON, Stipulations 9, 10 & 11

Dear Ms. Rosadini:

The Office of Health Care Access (OHCA) is notifying you of a filing deficiency related to the Agreed Settlement under DN 15-31979-CON, the merger of Saint Francis Care, Inc. into Trinity Health Corporation, Stipulation 10.

- **Stipulation 10** required the Applicants to file on a semi-annual basis a statement of Cash Flow for the Hospital and its immediate parent (SFC or its successor legal entity). A review of the records for this docket number shows that the information filed on May 31, 2016 related to this stipulation is missing the Statements of Cash flows for the hospital and its immediate parent. Please make submission of this missing material to OHCA at the earliest convenience but no later than September 30, 2016.

In addition, in reference to **Stipulations 9 and 11**, please address the following:

- **Stipulation 9:** On your responses to OHCA's compliance completeness letter received on May 20, 2016, page 5, you have indicated that the *"The FY 2017 budgets are expected to be reviewed and approved June 2016. Once approval is obtained, the final capital budget for FY 2017 will be submitted to OHCA."* Please provide a copy of the FY 2017 final capital budget and, if applicable, revised Attachments 3 and 4 (preliminary capital plans); and

- **Stipulation 11:** The data submitted for each of the items listed under the Hospital's Financial Measurement Report, *Attachment C-Section D-Additional Statistics*, on May 31, 2016 does not reconcile with the numbers reported on the submitted Reports 100 and 150. Please reconcile the amounts. If necessary, provide a revised copy of the report.

Please continue to file your compliance submission using the OHCA inbox at OHCA@ct.gov and reference the docket number.

If you have any questions please contact me or Karen Roberts at (860) 418-7041 or Karen.Roberts@ct.gov.

Thank you,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov



www.ct.gov/dph

From: Cotto, Carmen
Sent: Thursday, August 18, 2016 12:15 PM
To: 'Rosadini, Mary Lou'
Cc: Cable, Kimberly (KCable@stfranciscare.org); Roberts, Karen
Subject: RE: Compliance with CON_DN 15-31979-CON, Stipulations 10 & 11

Dear Ms. Rosadini:

Unfortunately, our filing did not reflect the submission of your documents. We apologize for the inconvenience and appreciate your prompt response. We will review your filing as soon as possible.

Thank you,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov



www.ct.gov/dph

From: Rosadini, Mary Lou [mailto:MRosadin@stfranciscare.org]
Sent: Thursday, August 18, 2016 12:00 PM
To: Cotto, Carmen; Roberts, Karen
Cc: Schneider, Jennifer; Capone, Claudio; Mody, Amit; Rotavera, Liz; Cable, Kimberly
Subject: RE: Compliance with CON_DN 15-31979-CON, Stipulations 10 & 11

In response to your notice below, please see the attached copy of our response to Stipulations 10 & 11, which was filed on 5/31/2016.

Mary Lou Rosadini
Policies and Procedures Coordinator

Executive Associate to Vice President of Finance
Saint Francis Hospital and Medical Center, Inc.
114 Woodland Street
Hartford, CT 06105
Ph.: 860-714-1066
www.stfranciscare.com

From: Cable, Kimberly
Sent: Wednesday, August 17, 2016 2:48 PM
To: Schneider, Jennifer; Capone, Claudio
Cc: Mody, Amit; Rotavera, Liz
Subject: Compliance with CON_DN 15-31979-CON, Stipulations 10 & 11

A communication was received today from OHCA stating that the semi-annual response to Stipulations 10 & 11 (due 5/31/16) have not yet been received. Attached is a copy of these stipulations. OHCA is requesting a response no later than 9/16/16.

Regards,

Kim Cable

From: Cotto, Carmen
Sent: Wednesday, August 17, 2016 2:23 PM
To: 'chartley@stfranciscare.org' (chartley@stfranciscare.org); 'Rotavera, Liz' (LRotaver@stfranciscare.org)
Cc: Roberts, Karen; Greer, Leslie
Subject: Compliance with CON_DN 15-31979-CON

Dear Mr. Hartley:

The Office of Health Care Access (OHCA) is notifying you of a filing deficiency related to the Agreed Settlement under DN 15-31979-CON, the merger of Saint Francis Care, Inc. into Trinity Health Corporation.

Stipulations 10 and 11 required the first filing of the semi-annual submission of financial data to be filed on May 31, 2016. A review of the records for this docket number shows that these two filings have not yet been received and are significantly overdue. Please make submission of this missing material to OHCA at the earliest convenience but no later than September 16, 2016. Please continue to file your compliance submission using the OHCA inbox at OHCA@ct.gov and reference the docket number.

If you have any questions please contact me or Karen Roberts at (860) 418-7041 or Karen.Roberts@ct.gov.

Thank you,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov

Greer, Leslie

Subject: FW: Compliance with CON_DN 15-31979-CON, Stipulation 7

From: Cotto, Carmen
Sent: Wednesday, September 14, 2016 11:36 AM
To: Rosadini, Mary Lou (MRosadin@stfranciscare.org)
Cc: Cable, Kimberly (KCable@stfranciscare.org); 'Rotavera, Liz' (LRotaver@stfranciscare.org); Roberts, Karen
Subject: RE: Compliance with CON_DN 15-31979-CON, Stipulation 7

Dear Ms. Rosadini:

In reference to **Stipulation #7,** on your responses to OHCA's compliance completeness letter received on May 20, 2016, pages 2-4, you have indicated that Saint Francis Care, Inc. "*has no plans to consolidate , reduce, eliminate, expand or add any services at Saint Francis Hospital and Medical Center in SFY16, SFY17 or SFY18."* and, for the purpose of responding to our completeness question, you have provided a list of Health services (Attachment 1) and their definitions (Attachment 2). In regard to your response and attachments please address the following:

- How the provision of service definitions meets or addresses the planning requirement set forth on Stipulation 7?;
- The Hospital has indicated that it has no plans to "*consolidate, reduce, eliminate, expand or add any services*". Subsequent to the statement being made in May 20th responses, the hospital filed its new CHNA. Are there any plans to consolidate, reduce, eliminate, expand or add any services based on the recommendations introduced in the new CHNA.

Please make submission of your responses to OHCA at the earliest convenience but no later than September 30, 2016.

Please continue to file your compliance submission using the OHCA inbox at OHCA@ct.gov and reference the docket number.

If you have any questions please contact me or Karen Roberts at (860) 418-7041 or Karen.Roberts@ct.gov.

Thank you,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov

Greer, Leslie

From: Roberts, Karen
Sent: Monday, October 31, 2016 4:03 PM
To: Greer, Leslie
Cc: Cotto, Carmen
Subject: FW: Request for a filing extension related to Docket #: 15-31979-CON

For #31979 record. Karen

From: Roberts, Karen
Sent: Monday, October 31, 2016 4:03 PM
To: 'Capone, Claudio'
Cc: Cotto, Carmen; Schneider, Jennifer
Subject: RE: Request for a filing extension related to Docket #: 15-31979-CON

Hi Mr. Capone – we aren't exactly sure where the November 1st deadline is set forth but we believe that an extension until 11/30th is fine as the requirement for 11/1 doesn't appear to be set forth in a stipulation.

On a related note, Carmen Cotto and I would like to have a conference call with you soon, possibly next week, to discuss the overall coordination of the three Trinity projects in terms of compliance and make sure we are on the same page for compliance filings going forward. I'll be in touch about that. Thanks very much. Karen Roberts

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

From: Capone, Claudio [mailto:Claudio.Capone@TrinityHealth-NE.org]
Sent: Friday, October 28, 2016 10:59 AM
To: Roberts, Karen
Cc: Cotto, Carmen; Schneider, Jennifer
Subject: Request for a filing extension related to Docket #: 15-31979-CON

Hello Karen…Per my voicemail from earlier this morning, we would like for an extension to filing our Capital Investment Plan due 11/1 to coincide with the financial information due on 11/30. We are currently working through the Trinity Health Strategic Financial Planning process that will help inform the Capital Investment filings required by OHCA.

Please feel free to contact me with any questions.

Regards,

Claudio A. Capone, FACHE
Regional VP of Business Development and Strategic Planning

Trinity Health - New England
1000 Asylum Avenue, 4th Floor
Hartford, CT 06105
Office: 860-714-6165
Cell: 860-276-7975
Email: claudio.capone@trinityhealth-ne.org



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Greer, Leslie

From: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Sent: Tuesday, November 01, 2016 3:29 PM
To: User, OHCA
Cc: Schneider, Jennifer; Rosadini, Mary Lou
Subject: Response to CON Conditions Docket # 15-31979-CON
Attachments: Language Services Program- Sec 14 Summary.docx; ATT00001.htm

Hello...Attached is the response to condition 14 of the merger of Saint Francis Care, Inc. into Trinity Health Corporation CON.

Please feel free to contact me with any questions.

Regards,

Claudio A. Capone, FACHE
Regional VP of Business Development and Strategic Planning

Trinity Health - New England
1000 Asylum Avenue, 4th Floor<x-apple-data-detectors://2/0>
Hartford, CT 06105<x-apple-data-detectors://2/0>
Office: 860-714-6165<tel:860-714-6165>
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SAINT FRANCIS
Hospital and Medical Center

Jennifer S. Schneider
Vice President, Finance and
(860) 714-5360
jschneider@stfranciscare.org

November 1, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13 HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Docket Number: 15-31979 CON Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Dear Ms. Roberts:

In accordance with Item 14 of the Order dated August 1, 2015, enclosed is the written report on activities meeting the culturally and linguistically appropriate standards published the U.S. Department of Health and Human Services' Office of Minority Health.

Sincerely,

Jennifer S. Schneider
Vice President, Finance
Saint Francis Hospital and Medical Center

The Language Services Program at Saint Francis Care

The Curtis D. Robinson Center for Health Equity was given the work of developing a comprehensive Language Services Program. In the last two years, phase I of the program has successfully been implemented around Saint Francis Medical Center, the Mount Sinai campus and our various off-site locations. The services include language interpretation and translation of documents to assist patients who are deaf or hard of hearing, have a speech disability or have limited English skills. These resources are referred to as the 3 +1 Options and include telephone-based interpreting, video remote interpreting (VRI-MARTTI), in-person interpreting/ ASL or CDI and written translation of vital and non-vital documents. Each department on both campuses is equipped with dual handset phones for telephonic interpretation and there are 39 Video Remote Interpreter (VRI) - Martti carts on site on both campuses that are readily used by staff for patients and their companions. Off-site St. Francis Care physicians and non-St. Francis Care physician offices and affiliates who are on site also have access to language resources.

In addition to the already established Language Services Program, phase II of the program, the Qualified Medical Interpreter training, began shortly after. The training entails identifying qualified bi-lingual/multilingual staff to become Qualified Medical Interpreters. Thus far, there have been 4 cohorts to complete this training and a total of 30 staff members to successfully complete and pass the course. To partake in this training, each staff had to successfully pass the language proficiency assessment administered by Interpreters and Translators, Inc., (iTi), and complete the 40 hour in person training offered once a week for 5 weeks on-site at the Center for Health Equity. The training includes content such as the foundation of the profession of community interpreting, the code of ethics and standards of practice, culture and mediation and guides interpreters on how to intervene when a communication barrier arrives. At the conclusion of the training, a test is administered where participants receive a Certificate of Completion post passing of the examination.

As for the current state of the program, there are on-going in-person educational trainings for all medical staff, volunteers, learners and contractors. A newly revised annual health stream training for all current employees and new employees is available and there has been an update and enhancement of Martti software and distribution system. The medical interpreter training for qualified staff will continue as well bi-annually.

Greer, Leslie

From: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Sent: Tuesday, November 15, 2016 10:25 AM
To: User, OHCA
Subject: Docket #: 15-31979-CON Stipulation Regarding the CHNA Implementation Strategy
Attachments: SFHMC Implementation Strategy 2016 CON 11-3-16.docx

Hello,

Attached is Saint Francis Hospital and Medical Centers implementation strategy for its CHNA as stipulated by CON Docket # 15-31979.

Feel free to contact me with any questions.

Regards,

Claudio A. Capone, FACHE
Regional VP of Business Development and Strategic Planning

Trinity Health - New England
1000 Asylum Avenue, 4th Floor
Hartford, CT 06105
Office: 860-714-6165
Cell: 860-276-7975
Email: claudio.capone@trinityhealth-ne.org

Trinity Health
New England

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Saint Francis Hospital and Medical Center

Community Health Needs Assessment Implementation Strategy

November 2016 - August 2019

St. Francis Hospital and Medical Center completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 22, 2016. SFHMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at http://www.saintfranciscare.com/CommunityOutreach or printed copies are available by emailing: Plarivere@stfranciscare.org

Hospital Information and Mission Statement

MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

Reverence
We honor the sacredness and dignity of every person.

Commitment to Those who are Poor
We stand with and serve those who are poor, especially those most vulnerable.

Justice
We foster right relationships to promote the common well, including sustainability of Earth.

Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity
We are faithful to who we say we are.

Saint Francis Hospital and Medical Center's service area comprises urban, suburban, and rural communities that together form a rich and complex mixture of highly diverse populations – a rainbow spectrum of races and ethnicities, and a huge range of socioeconomic categories.

Its primary service area includes 25 towns and corresponds largely with the greater Hartford region. The Hospital's secondary service area includes 28 towns largely to the west and south of the primary service area. These towns are more rural, and their needs are very different than those of the city of Hartford which has more than three times as many patients discharged form Saint Francis than any other municipality.

A comparison of population density, household income, and median age reveal that these communities are anything but uniform, and the resources for addressing concerns and needs of their residents differ as well. Yet, many of the health issues they face are similar; obesity, diabetes, heart disease, and behavioral health were all mentioned by the leaders of health districts who serve these towns.

Hartford's population of 125,000 is composed of all races and myriad ethnicities. Some 44 percent of its citizens are Hispanic/Latino and 35 percent Black/African American, with subgroups that include refugees and immigrants from

Africa, Eastern Europe, the Middle East, Asia, South America, and the West Indies. Additionally, 22 percent of the total population in Hartford is foreign born, bringing a tremendous diversity to the city.

The city is proportionately younger than the rest of the state as well as the country; over 25 percent of its residents are under age 17, and only 9 percent are over age 65 as compared to 22 percent and 15 percent for the state as a whole. This affects age-related health issues, such as some forms of cancer, violence, and accidental injury.

Hartford is a city of vibrant neighborhoods – 17 distinct neighborhoods, to be exact – with a variety of housing stock ranging from high-rise downtown luxury apartments and condos to historic houses to single-family homes and a variety of rental options. The city's many neighborhoods are supported by a roster of community organizations that focus on issues, such as economic development, housing, and assimilation of new immigrants, education, and historic preservation.

Health Needs of the Community

The CHNA conducted in 2016 identified 5 significant health needs within the Greater Hartford community. Those needs were then prioritized based on a Community Conversation Meeting that took place on September 13th. The 5 significant health needs identified, in order of priority include:

Community Safety and Violence	• Ranked as the Highest Priority at the Community Conversation Meeting • 54% of Hartford Residents said it was not safe to walk in their neighborhood.
Housing Insecurity	• Home Ownership is only 26% in Hartford • 32% of Renters are subsidized
Family & Social Support	• 59% of Residents said they "Do Not Trust Neighbors" • Limited support for positive health behaviors.
Employment & Poverty	• Only 59% of Hartford Residents are regularly employed • 79% of Hartford Household are Below Adequate Income Levels
Access to Care	• 50% of residents are worried about the cost of care. • 23% of residents don't have a regular doctor

Hospital Implementation Strategy

Saint Francis Hospital and Medical Center's resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process. The Hospital Implementation Strategy for addressing these needs will be the Transforming Communities Project named Well Being 360. This project combines resources from the hospital; community groups; government agencies and national resources to develop a collaborative approach to improving the health of the community. This project will make use of the CDC model of health improvement to organize the priority areas of focus.

The Significant health needs to be addressed will include:

- Socioeconomic Factors – Well Being 360 will embrace an **ANCHOR Institution** approach to proactively use existing local resources to address the underlying social, economic and environmental conditions that lead to poor health.

- Health Behaviors – Support programs targeted at healthy behavior change in **Diet, Exercise, Tobacco and Substance Use.**

- Clinical Care – Develop a model that merges the Healthcare Delivery System with Social Support Programs to help **patients with the most significant and complex challenges.**

- Physical Environment – Support partners working to improve **Housing Stability, Neighborhood Safety and Transformation of the Physical Environment.**

Transforming Communities - Well Being 360

The Implementation Strategy to be executed by SFHMC is call the Well Being 360 Community Transformation Initiative and includes and investment from the hospital as well as leveraged resources from the Trinity Health system and community partnering agencies. The work will include the development of a coalition to reduce health risks and address social determinants of health in the dities poorest neighborhoods. The work will involve community investments based on a set of principles agreed upon by the WB360 Steering Committee. They include:

Well Being 360 investments will be made based on:

1. Alignment with CHNA identified needs and health system priorities.
2. Strong evidence of effectiveness in achieving targeted outcomes
3. Capacity to implement solutions and build coalition with community partners and residents
4. Value of the investment (impact per dollar invested) in achieving short-term and longer-term outcomes
5. Sustainability of solution after initial investment

Significant health needs that will not be addressed

SFHMC acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SFHMC will not take action on the following health needs:

Sexual Activity – the City of Hartford has a strong program in this area and this issue was rated as a low priority in our Community Conversation.

Quality of Healthcare – this issue was of limited concern in the CHNA results.

Air and Water Quality – although these were mentioned by community members as a concern, the City of Harford and its partner agencies are focused on this work

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending in September of 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

See Attached Appendix for more details on the Well-Being Work Plan and Timeline.

APPENDIX

Well Being 360: *A Transforming Communities Initiative (TCI) – WORK PLAN*

Year One Timeline November 2016-August 2017

Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Investment priorities & guidelines/criteria									
	Identify & solicit potential partners for investment priorities								
		Round 1 - decisions & funding							
				Round 2 - decisions & funding					
						Round 3 - decisions & funding			
							Assess progress & plan for year 2		

Overview

Saint Francis Hospital and Medical Center has been selected by Trinity Health as one of seven sites participating in the Transforming Communities Initiative (TCI). Well Being 360, the name of the TCI effort in the North End of Hartford, brings together Saint Francis, the City of Hartford, Community Solutions Inc. and a coalition of partners to reduce health risks and address social determinants in one of the city's poorest neighborhoods. With initial financial support from Saint Francis and Trinity Health, a $600,000 Well Being 360 investment fund has been established for 2016-2017. Community partners will be invited to propose solutions that make measurable and sustainable progress in addressing priority areas established by the Well Being 360 Steering Committee.

Goals

1. Measurably improve outcomes that comprise the North Hartford Triple Aim (metrics TBD):
    a. Population Health
    b. Well-Being/Quality of Life
    c. Neighborhood Investment
2. Build a coalition among health care systems, community groups and development agencies working together in the North End of Hartford
3. Pilot health delivery and financing models to increase impact and sustainability

Investment Priorities

Well Being 360 investments will be made based on:

6. Alignment with:
    a. Saint Francis 2016 Community Health Needs Assessment (CHNA)
    b. TCI Focus Areas
    c. 2% Community Benefit Reallocation Priorities
7. Strong evidence of effectiveness in achieving targeted outcomes
8. Capacity to implement solutions and build coalition with community partners and residents
9. Value of the investment (impact per dollar invested) in achieving short-term and longer-term outcomes
10. Sustainability of solution after initial investment

1a. CHNA Priorities

- Community Safety and Violence
- Housing Insecurity
- Family and Social Support
    - Behavioral Health
    - Neighborhood Support and Resources
- Employment/Poverty
- Access to Health Care

1b. TCI Focus Areas

- Tobacco 21
- Complete Streets
- Implementation of Nutrition Standards in Early Childhood Settings
- Breastfeeding Policy Enhancement
- School Board Policy to Enhance Physical Activity in Schools
- Food and Beverage Standards/Competitive Foods Policies

1c. 2% Community Benefit Reallocation Priorities

- Diabetes Prevention Program (DPP)
- Soccer for Success
- Coalition Development

2. Strong evidence of effectiveness in achieving targeted outcomes. References:

- The Centers for Disease Control and Prevention's (CDC) 6|18 initiative
- CDC's Health Impact in 5 Years (HI-5) initiative
- The Guide to Community Preventive Services (The Community Guide), a collection of evidence-based findings of the the Community Preventive Services Task Force appointed by the Director of the CDC
- Washington State Institute for Public Policy (WSIPP) Benefit-Cost Results

3. Capacity to implement solutions and build coalition with community partners and residents

- Prior success implementing proposed solutions

- Operating model and resources required
- Data and measurement capacity to evaluate outcomes
- Process for engaging and partnering with other organizations and residents

4. Value of the investment (impact per dollar invested) in achieving short-term and longer-term outcomes
    - Use of funds
    - Cost-benefit analysis
    - Timing of investment and outcomes (goal is a balanced portfolio of short-term and long-term investments)

5. Sustainability of solution after initial investment
    - Plan for sustaining/expanding solution after grant
    - Proposed financial model
    - Potential funding sources

Governance

Steering Committee

- Members
    - Community Solutions – Rosanne Haggerty, Rick Brush, Gina Federico Muslim
    - City of Hartford Health and Human Services – Dr. Gary Rhule, Tung Nguyen
    - City of Hartford Promise Zone - TBD
    - Saint Francis Hospital – Mary Stuart, Nkemdilim Anako
    - Trinity Health New England – Marcus McKinney
- Responsibilities
    - Set priorities in alignment with Saint Francis CHNA, TCI Focus Areas, Community Benefit Reallocation, and CDC community health improvement process
    - Recommend key opportunities for investment
    - Provide guidance and solicit proposals from community partners to implement evidence-based programs
    - Approve projects and funding distribution
- Meets monthly

Roles

- Saint Francis
    - Serve as TCI program officer
    - Develop and implement reporting structure
    - Facilitate technical assistance as needed
    - Highlight value of investment for patients
    - Collaborate on communications through public relations and marketing teams of Steering Committee
- City of Hartford HHS
    - Align initiative with City public health and development priorities
    - Leverage Promise Zone opportunities to support the work

    - Champion coalition development by engaging local partners
    - Collaborate on communications through public relations and marketing teams of Steering Committee
- Community Solutions
    - Serve as convener/facilitator of the coalition
    - Ensure alignment and integration of multiple activities and partners working in North Hartford
    - Evaluate Well Being 360 impact and overall progress in achieving the North Hartford Triple Aim
    - Engage residents in priority-setting, implementation and maximizing impact of initiatives
    - Collaborate on communications through public relations and marketing teams of Steering Committee

Examples of Investments

Centers for Disease Control and Prevention's (CDC) Community health improvement (CHI) process

- Social & Economic Factors (e.g., income, employment, education)
- Health Behaviors (e.g, diet and exercise, tobacco use, substance abuse)
- Clinical Care (e.g., access to care, mental health, diabetes, asthma, injury)
- Physical Environment (e.g., housing, safety, space for physical activity)

- Socioeconomic Factors (e.g., income, employment, education)
    - Social needs referral system
- Health Behaviors (e.g, diet and exercise, tobacco use, substance abuse)
    - National Diabetes Prevention Program (DPP)
    - Tobacco 21
    - Food system
    - Physical activity
        - Soccer for Success
    - Screenings
- Clinical Care (e.g., access to care, mental health, diabetes, asthma, injury)
    - Respite care
- Physical Environment (e.g., housing, safety, space for physical activity)
    - Complete Streets
    - Housing
    - Code enforcement
    - Transportation

Trinity Health
New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

November 30, 2016

RE: Docket Number: Trinity Health – New England Transfer of Ownership CON Conditions for:

- Docket Number: 15-32045-CON Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health - New England
- Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis *Care*, Inc. to Trinity Health Corporation and Trinity Health - New England
- Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care*, Inc.

Dear Mrs. Roberts,

In accordance with Trinity Health – New England's approved CONs for the transfers of ownership of Saint Francis *Care,* Inc*,.* and Saint Mary's Health Systems, Inc. to Trinity Health Corporation and Trinity Health - New England and for the transfer of ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc*. (NKA Trinity Health – New England),* attached are the responses to the conditions set forth in each of the CON decisions.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

Docket Number: 15-32045-CON
Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health - New England

Trinity Health
New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

November 30, 2016

RE: Docket Number: 15-32045-CON Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health-New England

Dear Mrs. Roberts:

In accordance with Items 6, 7, 8, 9 & 10 of the Order dated July 27, 2016, enclosed is responses for each of the conditions noted above. Responses to the remaining conditions will be submitted prior to the requested deadline.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

6. ***Until such time as the Services Plan is submitted, TH-NE shall provide OCHA with notice of any reallocation of inpatient beds and relocation of outpatient services for the Hospital specific to those services that existed at the Hospital as of the Decision Date. Such notice shall be provided within ten (10) of any such reallocation or relocation and published on the website pages of Saint Mary's Hospital. OCHA is imposing this Condition to ensure continued access to health care services for patient population.***

   In accordance with Condition 6 of the Order, Trinity Health – New England, Inc. ("TH-NE") is notifying OCHA that there are no plans to reallocate inpatient beds or relocate any outpatient services for Saint Mary's Hospital at this time.

7. ***Within one hundred and eighty (180) days following the Closing Date and thereafter on the same semi-annual schedule as set forth in Condition 8 below until the capital commitment is satisfied TH-NE shall submit to OHCA a report on the capital investments ("Capital Investment Report") it has made in the Hospital and its affiliates from the minimum $100 million Commitment Amount. The Capital Investment Report shall include the following in a format to be agreed upon:***
   - ***A. A list of the of the capital expenditures that have been made in the prior one hundred and eighty (180) days with descriptions of each associated project; and***
   - ***B. An explanation of why each expenditure was made and a timeframe for the roll out of the associated capital project (including estimated beginning, ending, and startup/operation dates); and***
   - ***C. The funding source of the capital investment; indicate whether it was drawn from intercompany loans, operating revenue, capital contributions from THC or another source. If funding was drawn from another source, indicate the source.***

   The reports shall be signed by the Hospital's or TH-NE's Chief Financial Officer.

   See Attachment 1.

8. ***For three (3) years following the Closing Date, TH-NE shall file the following information with OHCA on a semi-annual basis for the Hospital and TH-NE:***

   a. The cost saving totals achieved in the following Operating Expense Categories for the Hospital and TH-NE: Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The

categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The semi-annual submission shall also contain narratives describing:

1. the major cost savings achieved for each expense category for the semi-annual period; and

Since August 1, 2016, the leaders within the functional areas at Saint Mary's Hospital have been working closely with Trinity Health and Trinity Health New England to identify and implement changes to realize cost savings opportunities. This process takes time to implement and we have not implemented any significant costs savings in the two month period ending September 30, 2016.

2. the effect of these cost savings on the clinical quality of care.

There has been no impact to clinical quality of care.

b. A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for the Hospital and TH-NE. The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/300 (balance sheets), 150/300 (statement of operations), or successor reports.

See Attachment 2.

9. ***For three (3) years following the Closing Date, TH-NE shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for TH-NE. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning November 30, 2016.***

   See Attachment 3 for financial indicators.

10. ***TH-NE shall ensure that the Hospital maintains and adheres to the Hospital's current policies regarding charity care, indigent care and community volunteer services after the Closing Date, or adopt other policies that are at least as generous and benevolent to the community as the Hospital's current policies, consistent with state and federal law. These policies shall be posted on the website pages of the Hospital and as additionally required by applicable law. OHCA is imposing this Condition to ensure continued access to health care services for the patient population.***

In accordance with Condition 10 of the Order, Trinity Health – New England, Inc. will ensure that Saint Mary's will maintain and adhere to all of their current policies regarding charity care, indigent care and community volunteer services. Currently, all policies are located on the Saint Mary's Hospital website (www.stmh.org).

ATTACHMENT 2

DESCRIPTION	CLASS	TYPE	ACQ DATE	AMT	Explanation	To be paid from
FABIUSTIRO ANESTHESIA MACHINES	MOVEABLE	MEDICAL	8/31/2016	59,992.08	2 new Anesthesia Fabious Tiro machines	Operating cash
INTELLIVUE MONITORS & ACCESSORIES	MOVEABLE	MEDICAL	8/31/2016	50,254.20	2 new patient monitors with easy care cuffs	Operating cash
STERILIZATION CONTAINER	MOVEABLE	MEDICAL	8/31/2016	13,894.57	new sterilization container w/accessories	Operating cash
ISTAT 1 WIRELESS ANALYZER	MOVEABLE	MEDICAL	8/31/2016	28,060.47	new ISTAT 1 WIRELESS ANALYZER	Operating cash
SCOPES 0 DEG & 30 DEG CURETTATE	MOVEABLE	MEDICAL	8/31/2016	9,618.00	new scopes and tray sterilization sterrads	Operating cash
VC- 10 VACUUM	MOVEABLE	MEDICAL	8/31/2016	5,205.50	VC- 10 VACUUM curettate system	Operating cash
BLADDER SCAN BVI 9400	MOVEABLE	MEDICAL	8/31/2016	18,316.00	new Bladder scan w/rolling cart	Operating cash
LIPOSCULTPTOR & ACCESSORIES	MOVEABLE	MEDICAL	8/31/2016	19,376.45	new LIPOSCULTPTOR handpiece & ACCESSORIES	Operating cash
SUTURE RETRIEVER ACCESSORIES	MOVEABLE	MEDICAL	8/31/2016	38,916.00	SUTURE RETRIEVER ACCESSORIES	Operating cash
SCOPE HOPKINS 11 30 DEG	MOVEABLE	MEDICAL	8/31/2016	9,300.40	Sheath High flow arthroscopy & Hopkins scope	Operating cash
B3000 BLACK BADGE & BATTERIES	MOVEABLE	MEDICAL	8/31/2016	20,552.00	B3000 BLACK BADGE & BATTERIES	Operating cash
CO2 MONITOR & ACCESSORIES	MOVEABLE	MEDICAL	8/31/2016	5,453.04	CO2 MONITOR & ACCESSORIES	Operating cash
ARTIC SUN 5000E TEMP	MOVEABLE	NONMEDICAL	8/31/2016	50,494.00	Artic Sun 5000E Temp manage system & calibration test unit	Operating cash
OPTIPLEX 7040 PC & MONITORS	MOVEABLE	NONMEDICAL	8/31/2016	27,050.40	20 monitors & 10 Optiplex 7040 SFF w/dual monitor stands	Operating cash
BUILDING SIGN	MOVEABLE	NONMEDICAL	8/31/2016	2,200.00	new bldg signage	Operating cash
CONDENSING UNIT	MOVEABLE	NONMEDICAL	8/31/2016	23,316.00	replace condensing unit	Operating cash
HVAC CLEANING & SANTIZING	MOVEABLE	NONMEDICAL	8/31/2016	23,203.50	HVAC duct CLEANING & SANTIZING	Operating cash
FIRE & SMOKE DAMPER	MOVEABLE	NONMEDICAL	8/31/2016	3,650.00	FIRE & SMOKE DAMPER	Operating cash
FLOOR SCRUBBERS SINGLE & DUAL	MOVEABLE	NONMEDICAL	8/31/2016	14,248.40	New Floor scrubbers (single & dual) and burnisher	Operating cash
DEHUMIDIFIER TRAGER BASEMENT	MOVEABLE	NONMEDICAL	8/31/2016	2,647.50	deposit for DEHUMIDIFIER in TRAGER BASEMENT	Operating cash
EXPANSION VALVE TRAGER	MOVEABLE	NONMEDICAL	8/31/2016	2,618.00	depoisit for EXPANSION VALVE in TRAGER office	Operating cash
WALL COVERING - AUDITORIUM	MOVEABLE	NONMEDICAL	8/31/2016	10,530.30	deposit for WALL COVERING in AUDITORIUM	Operating cash
COOLONG COL REPLACEMENT	MOVEABLE	NONMEDICAL	8/31/2016	45,350.00	AHU-1 Cooling coil replacement	Operating cash
CATH LAB # 2 RENOVATION	BLDG IMPR	NONMEDICAL	8/31/2016	70,203.36	CATH LAB # 2 RENOVATION	Operating cash
SLEEP LAB RENOVATION	BLDG IMPR	NONMEDICAL	8/31/2016	24,400.75	SLEEP LAB RENOVATION	Operating cash
BOARDROOM RENOVATION	BLDG IMPR	NONMEDICAL	8/31/2016	18,518.50	Boardroom Project is now complete	Operating cash
10 FT HOSES	MOVEABLE	NONMEDICAL	8/31/2016	647.44	4 each of 02 CS hoses & Air CS hoses 10FT Diss Hand	Operating cash
REVERSE OSMOSIS SYSTEM	MOVEABLE	NONMEDICAL	8/31/2016	16,500.00	REVERSE OSMOSIS SYSTEM	Operating cash
HARMONYAIR LIGHT SYSTEM	FIXED	NONMEDICAL	8/31/2016	49,805.83	2 Harmonyair G5 Dual Pkg Light systems	Operating cash
RECUMBENT CROSS TRAINER	MOVEABLE	MEDICAL	9/30/2016	4,189.00	RECUMBENT CROSS TRAINER-the Foundation reimbursed us for this purchase	Foundation Funds
CONTAINERS FOR STERILIZATION	MOVEABLE	MEDICAL	9/30/2016	5,130.40	75 sterilization containers	Operating cash
TITANIUM GE MRI TOOL KIT	MOVEABLE	MEDICAL	9/30/2016	3,775.95	TITANIUM GE MRI TOOL KIT	Operating cash
LIPOTOWER ASPIRATOR / INFIL	MOVEABLE	MEDICAL	9/30/2016	6,922.35	new LIPOSCULTPTOR handpiece & ACCESSORIES	Operating cash
LIGHT HANDLE CAMERA COVER	MOVEABLE	MEDICAL	9/30/2016	295.92	LIGHT HANDLE CAMERA COVER	Operating cash
CART, SINGLE TIER CORNER	MOVEABLE	MEDICAL	9/30/2016	10,865.17	CART, SINGLE TIER CORNER	Operating cash
CAMERA, CODER & STORAGE	MOVEABLE	MEDICAL	9/30/2016	5,500.00	CAMERA, CODER & STORAGE	Operating cash
VOLUSON P8	MOVEABLE	MEDICAL	9/30/2016	8,480.00	VOLUSON P8	Operating cash
CARBON FIBER BOARD	MOVEABLE	NONMEDICAL	9/30/2016	2,250.00	Board, Carbon fiber TTL ACS Radial	Operating cash

CHESHIRE UC INSTALL	FIXED	NONMEDICAL	9/30/2016	8,485.00	Security Alarm install	Operating cash
DELL OPTOPLEX 7040	MOVEABLE	NONMEDICAL	9/30/2016	14,596.44	24 monitors & 12 Optiplex 7040 SFF w/dual monitor stands, plus software	Operating cash
MARKETING FURNITURE	MOVEABLE	NONMEDICAL	9/30/2016	7,144.73	MARKETING FURNITURE-chairs, credenza, tabletop, etc	Operating cash
NVSC PAINTING (WATER DAMAGE)	BLDG IMPR	NONMEDICAL	9/30/2016	5,020.00	interior painting from water damage	Operating cash
NVSC PAINTING (WATER DAMAGE)	BLDG IMPR	NONMEDICAL	9/30/2016	28,024.00	interior painting from water damage	Operating cash
COUNTER FOR PSYCHIATRIC WARD	FIXED	NONMEDICAL	9/30/2016	2,527.20	Counter Fabrication	Operating cash
FEASABILITY STUDY OPEN OFFICE	BLDG IMPR	NONMEDICAL	9/30/2016	2,545.00	Prof srvs for FEASABILITY STUDY OPEN OFFICE	Operating cash
COUNTER TOPS THROUGHOUT HOSPITAL	FIXED	NONMEDICAL	9/30/2016	15,880.90	Labor & Materials for COUNTER TOPS THROUGHOUT HOSPITAL	Operating cash
AUDITORIUM RENOVATION	BLDG IMPR	NONMEDICAL	9/30/2016	18,662.55	Prof Srvs for AUDITORIUM RENOVATION	Operating cash
FIRE STOP	BLDG IMPR	NONMEDICAL	9/30/2016	9,818.00	FIRE STOP Labor & Materials	Operating cash
MAIN MEGAWATT METER REPLACEMENT	FIXED	NONMEDICAL	9/30/2016	2,750.00	MAIN MEGAWATT METER REPLACEMENT	Operating cash
EPOXY COATED SHOWER BASE	MOVEABLE	NONMEDICAL	9/30/2016	10,455.00	EPOXY COATED SHOWER BASE	Operating cash
BLASIUS 2014 CHEVROLET CRUZE	AUTO	NONMEDICAL	9/30/2016	12,805.60	BLASIUS 2014 CHEVROLET CRUZE	Operating cash
SLEEP LAB BUDGETED CONTRACT	BLDG IMPR	NONMEDICAL	9/30/2016	49,863.27	SLEEP LAB RENOVATION	Operating cash
MEP	BLDG IMPR	NONMEDICAL	9/30/2016	1,400.00	MEP-SLEEP LAB RENOVATION	Operating cash
RODI PIPING & INSTALL	FIXED	NONMEDICAL	9/30/2016	13,500.00	RODI PIPING & INSTALL	Operating cash

Regular additions	915,209.17
CIP project addtions	2,156,778.13
Total additions	3,071,987.30

Project Name	Project Description	Balance as of 7/31/16	Aug-Sep Additions	Balance as of 9/30/16	Project Start Date	Project expected end date	Project Budget	To be paid from
Oncology Center Project	Renovations to Dr Bowen's office located in the HLRCC	495,723.17	145,129.30	640,852.47	Apr-16	FY 2017	940,000	Operating cash
MRI Project	Renovations to new MRI area and Behavoiral Health in Emer Rm - 4 Phases to project	3,387,211.50	591,856.05	3,979,067.55	Sep-15	FY 2017	5,800,000	Operating cash, plus a 767,013 from a State grant
Atrion Project	Phase I of new phone system project	529,483.69	38,021.76	567,505.45	Jan-16	Nov-16	652,550	Operating cash
Cheshire Project	New construction for a Cheshire Urgent Care Ctr and a Primary Care/Specialty Practice	411,202.86	1,173,005.58	1,584,208.44	Mar-16	FY 2017	2,320,388	Operating cash
Northwest 911 Project	Renovations to 2nd floor of Lawlor Bldg for 911 Call Center	342,014.94	6,475.00	348,489.94	Feb-16	Nov-16	250,000	Operating cash
Cardiac Cath Lab Project	Renovations for a new Cardiac Cath Lab	450,631.00	198,601.69	649,232.69	May-16	FY 2017	815,823	Operating cash
Naugatuck Urgent Care	Construction for a new Urgent Care Ctr in Naugatuck - Project was put off until after FY2017, expenses were for Architect designs	7,377.50	3,688.75	11,066.25	FY 2018	FY 2019	2,100,000	Operating cash
		Total	2,156,778.13					

ATTACHMENT 2

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$13,310,000	$20,572,000	$7,262,000	55%
2	Short Term Investments	$17,000	$23,000	$6,000	35%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$28,548,000	$24,965,000	($3,583,000)	-13%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$3,701,000	$3,889,000	$188,000	5%
8	Prepaid Expenses	$3,301,000	$2,930,000	($371,000)	-11%
9	Other Current Assets	$3,792,000	$3,114,000	($678,000)	-18%
	Total Current Assets	**$52,669,000**	**$55,493,000**	**$2,824,000**	**5%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$14,764,000	$15,480,000	$716,000	5%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$20,166,000	$6,000	($20,160,000)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$34,930,000**	**$15,486,000**	**($19,444,000)**	**-56%**
5	Interest in Net Assets of Foundation	$4,908,000	$5,549,000	$641,000	13%
6	Long Term Investments	$124,000	$10,973,000	$10,849,000	8749%
7	Other Noncurrent Assets	$25,663,000	$25,740,000	$77,000	0%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$205,415,000	$91,358,000	($114,057,000)	-56%
2	Less: Accumulated Depreciation	$139,994,000	$2,656,000	($137,338,000)	-98%
	Property, Plant and Equipment, Net	**$65,421,000**	**$88,702,000**	**$23,281,000**	**36%**
3	Construction in Progress	$0	$7,780,000	$7,780,000	0%
	Total Net Fixed Assets	**$65,421,000**	**$96,482,000**	**$31,061,000**	**47%**
	Total Assets	**$183,715,000**	**$209,723,000**	**$26,008,000**	**14%**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$21,871,000	$15,420,000	($6,451,000)	-29%
2	Salaries, Wages and Payroll Taxes	$3,962,000	$5,045,000	$1,083,000	27%
3	Due To Third Party Payers	$727,000	$1,262,000	$535,000	74%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$3,180,000	$89,000	($3,091,000)	-97%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$13,976,000	$15,912,000	$1,936,000	14%
	Total Current Liabilities	**$43,716,000**	**$37,728,000**	**($5,988,000)**	**-14%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$10,589,000	$0	($10,589,000)	-100%
	Total Long Term Debt	**$10,589,000**	**$0**	**($10,589,000)**	**-100%**
3	Accrued Pension Liability	$74,894,000	$83,306,000	$8,412,000	11%
4	Other Long Term Liabilities	$9,352,000	$10,485,000	$1,133,000	12%
	Total Long Term Liabilities	**$94,835,000**	**$93,791,000**	**($1,044,000)**	**-1%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$27,411,000	$59,686,000	$32,275,000	118%
2	Temporarily Restricted Net Assets	$1,922,000	$1,970,000	$48,000	2%
3	Permanently Restricted Net Assets	$15,831,000	$16,548,000	$717,000	5%
	Total Net Assets	**$45,164,000**	**$78,204,000**	**$33,040,000**	**73%**
	Total Liabilities and Net Assets	**$183,715,000**	**$209,723,000**	**$26,008,000**	**14%**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016*	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$746,752,000	$136,060,000	($610,692,000)	-82%
2	Less: Allowances	$483,477,000	$90,093,000	($393,384,000)	-81%
3	Less: Charity Care	$3,174,000	$1,021,000	($2,153,000)	-68%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$260,101,000**	**$44,946,000**	**($215,155,000)**	**-83%**
5	Provision for Bad Debts	$8,180,000	$935,000	($7,245,000)	-89%
	Net Patient Service Revenue less provision for bad debts	**$251,921,000**	**$44,011,000**	**($207,910,000)**	**-83%**
6	Other Operating Revenue	$8,206,000	$1,078,000	($7,128,000)	-87%
7	Net Assets Released from Restrictions	$0	$0	$0	0%
	Total Operating Revenue	**$260,127,000**	**$45,089,000**	**($215,038,000)**	**-83%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$88,793,000	$15,392,000	($73,401,000)	-83%
2	Fringe Benefits	$27,562,000	$4,065,000	($23,497,000)	-85%
3	Physicians Fees	$6,099,000	$1,655,000	($4,444,000)	-73%
4	Supplies and Drugs	$41,890,000	$7,502,000	($34,388,000)	-82%
5	Depreciation and Amortization	$11,023,000	$2,659,000	($8,364,000)	-76%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$963,000	$5,000	($958,000)	-99%
8	Malpractice Insurance Cost	$3,338,000	$798,000	($2,540,000)	-76%
9	Other Operating Expenses	$61,720,000	$9,341,000	($52,379,000)	-85%
	Total Operating Expenses	**$241,388,000**	**$41,417,000**	**($199,971,000)**	**-83%**
	Income/(Loss) From Operations	**$18,739,000**	**$3,672,000**	**($15,067,000)**	**-80%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$1,315,000	$56,000	($1,259,000)	-96%
2	Gifts, Contributions and Donations		$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$1,207,000	($11,000)	($1,218,000)	-101%
	Total Non-Operating Revenue	**$2,522,000**	**$45,000**	**($2,477,000)**	**-98%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$21,261,000**	**$3,717,000**	**($17,544,000)**	**-83%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$21,261,000**	**$3,717,000**	**($17,544,000)**	**-83%**
	*** FY16 represents the period 8/1/16 - 9/30/16**				

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$15,091,000	$22,818,000	$7,727,000	51%
2	Short Term Investments	$17,000	$23,000	$6,000	35%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$32,905,000	$29,301,000	($3,604,000)	-11%
4	Current Assets Whose Use is Limited for Current Liabilities	$3,418,000	$3,418,000	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$3,701,000	$3,889,000	$188,000	5%
8	Prepaid Expenses	$3,300,000	$3,515,000	$215,000	7%
9	Other Current Assets	$4,618,000	$3,192,000	($1,426,000)	-31%
	Total Current Assets	**$63,050,000**	**$66,156,000**	**$3,106,000**	**5%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$14,764,000	$15,480,000	$716,000	5%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$43,057,000	$19,537,000	($23,520,000)	-55%
	Total Noncurrent Assets Whose Use is Limited:	**$57,821,000**	**$35,017,000**	**($22,804,000)**	**-39%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$4,244,000	$15,428,000	$11,184,000	264%
7	Other Noncurrent Assets	$11,454,000	$6,263,000	($5,191,000)	-45%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$219,963,000	$95,973,000	($123,990,000)	-56%
2	Less: Accumulated Depreciation	$149,672,000	$2,835,000	($146,837,000)	-98%
	Property, Plant and Equipment, Net	**$70,291,000**	**$93,138,000**	**$22,847,000**	**33%**
3	Construction in Progress	$0	$7,873,000	$7,873,000	0%
	Total Net Fixed Assets	**$70,291,000**	**$101,011,000**	**$30,720,000**	**44%**
	Total Assets	**$206,860,000**	**$223,875,000**	**$17,015,000**	**8%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$22,665,000	$16,465,000	($6,200,000)	-27%
2	Salaries, Wages and Payroll Taxes	$6,002,000	$8,160,000	$2,158,000	36%
3	Due To Third Party Payers	$727,000	$1,262,000	$535,000	74%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$3,409,000	$337,000	($3,072,000)	-90%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$12,980,000	$13,842,000	$862,000	7%
	Total Current Liabilities	**$45,783,000**	**$40,066,000**	**($5,717,000)**	**-12%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$11,018,000	$586,000	($10,432,000)	-95%
	Total Long Term Debt	**$11,018,000**	**$586,000**	**($10,432,000)**	**-95%**
3	Accrued Pension Liability	$74,894,000	$83,306,000	$8,412,000	11%
4	Other Long Term Liabilities	$24,062,000	$22,539,000	($1,523,000)	-6%
	Total Long Term Liabilities	**$109,974,000**	**$106,431,000**	**($3,543,000)**	**-3%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$955,000	$2,588,000	$1,633,000	171%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$32,395,000	$56,272,000	$23,877,000	74%
2	Temporarily Restricted Net Assets	$1,922,000	$1,970,000	$48,000	2%
3	Permanently Restricted Net Assets	$15,831,000	$16,548,000	$717,000	5%
	Total Net Assets	**$50,148,000**	**$74,790,000**	**$24,642,000**	**49%**
	Total Liabilities and Net Assets	**$206,860,000**	**$223,875,000**	**$17,015,000**	**8%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016*	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$832,217,000	$152,831,000	($679,386,000)	-82%
2	Less: Allowances	$536,081,000	$100,069,000	($436,012,000)	-81%
3	Less: Charity Care	$1,072,000	$1,021,000	($51,000)	-5%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$295,064,000**	**$51,741,000**	**($243,323,000)**	**-82%**
5	Provision for Bad Debts	$9,675,000	$1,442,000	($8,233,000)	-85%
	Net Patient Service Revenue less provision for bad debts	**$285,389,000**	**$50,299,000**	**($235,090,000)**	**-82%**
6	Other Operating Revenue	$10,072,000	$1,365,000	($8,707,000)	-86%
7	Net Assets Released from Restrictions	$0	$0	$0	0%
	Total Operating Revenue	**$295,461,000**	**$51,664,000**	**($243,797,000)**	**-83%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$123,197,000	$22,400,000	($100,797,000)	-82%
2	Fringe Benefits	$32,298,000	$4,765,000	($27,533,000)	-85%
3	Physicians Fees	$9,916,000	$1,659,000	($8,257,000)	-83%
4	Supplies and Drugs	$43,411,000	$7,978,000	($35,433,000)	-82%
5	Depreciation and Amortization	$11,636,000	$2,834,000	($8,802,000)	-76%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$980,000	$8,000	($972,000)	-99%
8	Malpractice Insurance Cost	$4,154,000	$1,088,000	($3,066,000)	-74%
9	Other Operating Expenses	$67,708,000	$11,150,000	($56,558,000)	-84%
	Total Operating Expenses	**$293,300,000**	**$51,882,000**	**($241,418,000)**	**-82%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016*	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	Income/(Loss) From Operations	**$2,161,000**	**($218,000)**	**($2,379,000)**	**-110%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$1,565,000	$53,000	($1,512,000)	-97%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$963,000	($11,000)	($974,000)	-101%
	Total Non-Operating Revenue	**$2,528,000**	**$42,000**	**($2,486,000)**	**-98%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$4,689,000**	**($176,000)**	**($4,865,000)**	**-104%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$4,689,000**	**($176,000)**	**($4,865,000)**	**-104%**
	*** FY16 represents the period 8/1/16 - 9/30/16**				

ATTACHMENT 3

	Saint Mary's Hospital (Hospital Only)	Month		Year to Date	
		Sept 2016	Prior Year	Sept 2016*	Prior Year
A.	**Operating Performance**				
	Operating Margin	10.9%	9.0%	8.1%	7.2%
	Non-Operating Margin	0.1%	-6.0%	0.1%	1.0%
	Total Margin	11.0%	3.0%	8.2%	8.2%
	Bad Debt as % of Gross Revenue	0.1%	0.4%	0.7%	1.2%
B.	**Liquidity**				
	Current Ratio	1.76	1.62	1.79	1.62
	Days Cash on Hand	31	23	31	23
	Days in Net Accounts Receivable	37	41	37	41
	Average Payment Period	52	61	52	61
C.	**Leverage and Capital Structure**				
	Long-term Debt to Equity	-	0.32	-	0.32
	Long-term Debt to Capitalization	-	0.24	-	0.24
	Unrestricted Cash to Debt	231.15	0.97	231.15	0.97
	Times Interest Earned Ratio	1170.1	30.5	735.40	22.65
	Debt Service Coverage Ratio	214.8	11.3	71.20	9.82
	Equity Financing Ratio	2.70	4.23	2.70	4.23
D.	**Additional Statistics (in thousands)**				
	Income from Operations	$ 2,523	$ 1,821	$ 3,672	$ 18,739
	Revenue Over/(Under) Expense	$ 2,537	$ 601	$ 3,717	$ 21,261
	EBITDA	$ 3,866	$ 2,835	$ 6,335	$ 30,507
	Patient Cash Collected	$ 20,601	$ 18,920	$ 42,323	$ 239,372
	Cash and Cash Equivalents	$ 20,572	$ 13,310	$ 20,572	$ 13,310
	Net Working Capital	$ 17,764	$ 8,953	$ 17,764	$ 8,953
	Unrestricted Assets	$ 59,686	$ 27,411	$ 59,686	$ 27,411
	Credit Ratings (S&P, FITCH and Moody's)				

Note: September 2016 YTD is only for the period 8/1-9/30. The prior year YTD is the full fiscal year for FY15

	Saint Mary's Health System (Consolidated)	Month		Year to Date	
		Sept 2016	Prior Year	Sept 2016*	Prior Year
A.	**Operating Performance**				
	Operating Margin	1.3%	-0.1%	-0.4%	0.7%
	Non-Operating Margin	0.1%	-5.0%	0.1%	0.9%
	Total Margin	1.4%	-5.0%	-0.3%	1.6%
	Bad Debt as % of Gross Revenue	0.5%	0.7%	0.9%	1.1%
B.	**Liquidity**				
	Current Ratio	1.65	1.38	1.65	1.38
	Days Cash on Hand	27	19	27	19
	Days in Net Accounts Receivable	37	42	37	42
	Average Payment Period	52	58	52	58
C.	**Leverage and Capital Structure**				
	Long-term Debt to Equity	0.01	0.29	0.01	0.28
	Long-term Debt to Capitalization	0.01	0.23	0.01	0.22
	Unrestricted Cash to Debt	24.72	0.98	24.72	0.98
	Times Interest Earned Ratio	37.4	-57.7	(26.30)	3.20
	Debt Service Coverage Ratio	44.4	4.9	7.79	4.33
	Equity Financing Ratio	2.88	4.05	2.88	4.05
D.	**Additional Statistics (in thousands)**				
	Income from Operations	$ 332	$ (3)	$ (218)	$ 2,161
	Revenue Over/(Under) Expense	$ 373	$ (1,137)	$ (176)	$ 4,689
	EBITDA	$ 1,776	$ 1,240	$ 2,624	$ 14,777
	Patient Cash Collected	$ 23,617	$ 21,477	$ 48,614	$ 272,841
	Cash and Cash Equivalents	$ 22,818	$ 15,091	$ 22,818	$ 15,091
	Net Working Capital	$ 27,488	$ 17,267	$ 27,488	$ 17,267
	Unrestricted Assets	$ 56,272	$ 32,395	$ 56,272	$ 32,395
	Credit Ratings (S&P, FITCH and Moody's)				

Note: September 2016 YTD is only for the period 8/1-9/30. The prior year YTD is the full fiscal year for FY15

Docket Number: 15-31979-CON
Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation and Trinity Health - New England

1000 Asylum Street
Hartford, CT 06105
860-714-6165

November 30, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

Re: Docket Number: 15-31979 CON Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Dear Ms. Roberts:

Please see the attached documents in satisfaction of Stipulation 9 of the above-referenced Agreed Settlement Order dated August 1, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio Capone
Regional Vice President of
Business Development and Strategic Planning
claudio.capone@trinityhealth-ne.org

Enclosures

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation
Response to Item 9 of the Settlement and Order dated 8/1/2015
Annual Report for the Capital Investment Plan due 11/30/2016

Question 1

Provide a five-year post-closing capital investment plan detailing the proposed allocation of the $275 million capital investment commitment. The submitted plan shall account for the full $275 million commitment as stated in the proposal and include the following information:

a. A list of planned capital expenditures with detailed descriptions and associated estimated costs, and

Please refer to Attachment 1 for FY 2016 actual capital expenditures for the twelve month period ended September 30, 2016.

Attachment 2 includes the final approved capital budget (see column C) for Trinity Health –New England, Inc. (TH-NE) which has been approved by both Trinity Health's governing body as well as TH-NE's finance committee. The FY 2017 budget is for the period 7/1/2016-6/30/2017.

Attachment 2 has also been updated to reflect preliminary capital budget for FY 2018-2020. TH-NE, including Saint Francis Hospital and Medical Center, is in the process of developing their three to five year strategic plan. Future year's capital expenditures will be further defined and aligned with the outcome of the strategic planning process.

Since our last filing, Saint Mary's Hospital joined Trinity Health-New England. Attachment 2 has also been updated to reflect Saint Mary's FY 2017 routine and strategic capital budget. Furthermore, one critical investment necessary to effectively provide care to members of our community is to implement a single electronic health record across all of the hospitals and ambulatory providers. TH-NE will be investing in this technology at Saint Mary's and has allocated $20.5 million to this project.

b. A timeframe for the rollout of the capital projects, including estimated beginning, ending and start-up/operation dates.

See Attachment 3 for the FY 2017 individual capital projects greater than $500,000 that have been approved to proceed at Saint Francis. The remaining dollars relating to the capital budget will be allocated based upon current priorities and any critical needs that arise.

As the strategic plan is finalized and the more significant capital investments are identified, TH-NE will provide OHCA with an update for this stipulation. Trinity Health – New England, Inc. believes this approach will ensure the greatest accuracy as well as meet the intent of this stipulation.

Updated Capital Expenditure Summary 10/1/2015-9/30/2016

Entity	Service Line	Project Description	Budget	Actual Expenditures
Saint Francis Hospital and Medical Center	Facilities	Trinity Signage Branding	$ 627,000	$ -
Saint Francis Hospital and Medical Center	Facilities	Facilities Gen. - Renoc-Elect.Wholesalers Facility For Parking		$ 878,286
Saint Francis Hospital and Medical Center	Facilities	Gengras 5th Floor Renovations		$ 763,217
Saint Francis Hospital and Medical Center	Women and Infants	Women and Infants Build Out Addition to Women's Center	$ 1,000,000	553,569
Saint Francis Hospital and Medical Center	Facilities	Collins Parking Garage Repairs	$ 750,000	776,371
Saint Francis Hospital and Medical Center	Business Development	Various Construction Projects*	$ 1,000,000	-
Saint Francis Hospital and Medical Center	Cardiovascular	Cath Lab Renovation and Replacement FY16	$ 1,500,000	770,948
Saint Francis Hospital and Medical Center	Facilities	Renovation General - Office Renovations	$ 2,000,000	120,636
Saint Francis Hospital and Medical Center	Facilities	Renovation General - Burgdorf Renovation	$ 800,000	437,271
Saint Francis Hospital and Medical Center	Facilities: Engineering	Medical Office Building Renovations	$ 500,000	161,967
Saint Francis Hospital and Medical Center	Information Technology	Infrastructure Movement and Replacement of Data Center	$ 6,000,000	4,997,817
Saint Francis Hospital and Medical Center	Information Technology	EMC Project-Buid and Archive SFS Data To EMC		747,634
Saint Francis Hospital and Medical Center	Administration	Contingency FY16 Major Items	$ 1,220,229	-
Mount Sinai Hospital	Physical Medicine and Rehabilitation	Vision Center Renovation - Replace Back Center ***	$ 975,550	-
Mount Sinai Hospital	Physical Medicine and Rehabilitation	Replace 800K Absorber	$ 520,000	-
Saint Francis Medical Group	SFMG	Renovation for Rheumatology Bariatrics and Endocrine	$ 1,500,000	93,213
Saint Francis Hospital and Medical Center	CJRI	CJRI TWO O.R.s	$ 1,583,500	1,686,256
Saint Francis Hospital and Medical Center	Information Technology	Epic Ambulatory Implementation	$ 5,164,190	4,206,039
		Total of projects budgeted over $500,000 FY2016	**$ 25,140,469**	**$ 16,193,224**
Saint Francis Hospital and Medical Center	Strategic Investments	Acquisition of Johnson Memorial**	$ 20,015,000	$ 20,015,000
		Total of projects budgeted under $500,000 FY 2016	$ 12,778,531	$ 13,292,542
		Johnson Capital Expenditures		1,496,335
		Total Capital Budget for FY 2016 and Expenditures to Date	**$ 57,934,000**	**$ 50,997,102**
		Capital expenditures specific to Saint Francis	**$ 37,919,000**	**$ 29,485,767**

* Construction budget reduced to $250,000 to reallocate capital to other project
** $18 million funded through an intercompany loan from Trinity Health Corporate

Attachment 2
Preliminary Capital Investment Plan for Saint Francis *Care* , Inc.
Dollars in Thousands

	(a)	(b)	(C)	(d)			
	Five Year Total	Expenditures (10/1/2015-9/30/2016)	FY 2017 Budget (7/1/2016-6/30/2017)	FY 2018 Budget (7/1/2017-6/30/2018)	FY 2019 Budget (7/1/2018-6/30/2019)	FY 2020 Budget (7/1/2019-6/30/2020)	Estimated Five Year Capital Spend
Preliminary capital expenditures summary							
Investment in facilities, medical and non-medical equipment and technology	$ 184,000	21,428	$ 10,355	$ 25,000	$ 20,000	$ 20,000	$ 96,783
Capital leases associated with Epic and other	4,500	1,028	1,300				2,328
Facility & program improvements for various service lines (e.g., CJRI, Rehab)	5,000	3,104	3,000	1,000	1,000		8,104
Expansion/renovations of clinical facilities	10,000		1,500	15,000			16,500
Physician acquisitions/ambulatory network development	23,500		3,200	2,500	2,500	2,500	10,700
Information Technology		3,926					3,926
Unspecified; to be allocated based on organizional priorities each year	48,000	20,015		5,000	10,000	15,000	50,015
							-
Adjustments to preliminary capital expenditure summary:							-
Reallocation to Johnson Memorial - part of strategic growth of RHM		1,496	1,512	3,000	3,000	1,500	10,508
Reallocation to Saint Mary's-part of strategic growth of RHM			20,272	15,000	15,000	20,000	70,272
Saint Mary's Epic Implementation			20,475				20,475
Total estimated annual capital expenditures	$ 275,000	$ 50,997	$ 61,614	$ 66,500	$ 51,500	$ 59,000	$ 289,611

(a) Preliminary plan for capital commitment as noted on page 635 of CON.
(b) Capital expenditures 10/1/2015-9/30/2016 see detail at Attachment 2 (SFHMC and Johnson acquistion)
(C) Budget for FY 2017 reduced due to Trinity Corporate financial objectives. Approved Trinity Health-New England Capital budget for Saint Francis and Johnson was $20,867,000
Saint Mary's routine and strategic capital for FY 2017 is $20,272,000. In addition, the implementation of Epic is $20,475,000 million.
(d) Amounts continue to be preliminary based on evolving RHM strategy and expected investment necessary for Saint Francis facilities and equipment, etc. Strategic plan currently being developed.
$15 million in FY 2018 for expansion of clinical facilities is for an Ambulatory Surgery Center (pending any required approvals and finalization of strategic plan)

Note: $20,015 in FY 2016 was investment in Johnson Memorial Hospital which closed on 1/1/2016

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Stipulation # 9

Attachment 3: Saint Francis Hospital and Medical Center Specific Projects Approved for FY 2017 (7/1/2016-6/30/2017) > $500,000

Project Type	Project Name (50 characters)	Long Description (250 characters)	2017 Budget
Clinical	Replace Beds	Critical Care SL, Department # 71800 - CICU	$ 881,136
IT	Infrastructure - Primary Backup Data Domain / Centera Growth	IT SL, Department # 15130 - IES	$ 600,000
Clinical	Stryker Power Equipment	CJRI SL, Department # 50020 - CJRI OR	$ 1,302,000
Clinical	OMNINAV Robotic Unit	CJRI SL, Department # 50020 - CJRI OR	$ 500,000
Clinical	Tele monitors for Bldg 1 and 2	Tele monitors for Bldg 1 and 2	$ 1,018,000
Furniture, Fixtures & Non-Clinical Equipment	Miscellaneous General - Trinity Signage - 2054	Facilities SL, Engineering Department # 35100	$ 600,000
Facilities	Facilities & Infrastructure	Fairbanks Energy LED: Energy Audit SFHMC, RHHCT, JMMC	$ 766,961
IT	New maintenance management system	New maintenance management system	$ 756,950
IT	IT system	Replacment of the treatment planning system; Pinncle and transition to Raytstation.	$ 500,000
Clinical	Philips Medical System		$ 885,970
Planning, Design & Construction	Renovation of oncology units	Renovate 8-1, 8-1a (donor funded)	$ 2,599,759
Planning, Design & Construction	Renovation of oncology units	Renovate 8-2	$ 675,000
		Sub-total projects >$500,000	**$ 11,085,776.00**

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November 30, 2016

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Re: Docket Number: 15-31979 CON Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Dear Ms. Roberts:

Please see the attached documents in satisfaction of Stipulations 10 and 11 of the above-referenced Agreed Settlement Order dated August 1, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio Capone
Regional Vice President of
Business Development and Strategic Planning
claudio.capone@trinityhealth-ne.org

Enclosures

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Response to Items #10 and #11 of the Settlement and Order dated 8/1/2015 for the Six Month Period Ended September 30, 2016

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both the Hospital and its immediate parent (SFC or its successor legal entity) for purposes of this Order, semi-annual periods are October 1 - March 31 and April l - September 30. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31 and November 30, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM): Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The information shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since October 1, 2015, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Trinity Health to identify and implement changes to realize cost savings opportunities. As previously reported, a significant benefit with annual ongoing savings for Saint Francis was the defeasance of Saint Francis' long term debt of approximately $246 million with proceeds from an intercompany loan. In addition, the Series F Fixed Pay SWAP was novated to Trinity Health on October 1, 2015. The result of this SWAP was an improvement in Saint Francis' net assets of $44 million. Furthermore, the transfer of this SWAP removes the financial risks associated with the change in interest rates and the impact on Saint Francis net assets. For example, in FY 2015, Saint Francis recorded a $14.8 million non-operating loss related to this interest rate SWAP. Interest expense savings for the twelve months ended September 30, 2016 was $2.5 million with $2.0 million being realized in the six month period ended September 30, 2016 due to an interest rate rebate from system office received in June 2016 for approximately $1.0 million.

Another significant change was the inclusion of Saint Francis into the Trinity Health insurance program. This was an overall decrease in annual premiums of approximately $1.3 million exclusive of one time tail coverage costs incurred as part of the transaction. The benefit related to this change was $621,000 for the six month period ended 9/30/2016.

Lastly, leveraging the Trinity Health actuarial expertise whose approach is to more closely align mortality assumptions with plan participant demographics in the Trinity Health pension plans, Saint Francis' projected benefit obligation was further evaluated. As a result, Saint Francis

recognized an annual benefit in pension expense of $4.2 million for the twelve month period ended September 30, 2016. For the period from April 1, 2016 to September 30, 2016, the realized benefit was $2.9 million.

Since the last report provide to OHCA on May 31st, Saint Francis transitioned to the Trinity Health Group Purchasing Organization, HPG. This has resulted in supply chain savings of approximately $713,000 for the period April 1, 2016 to September 30, 2016. In addition, Saint Francis received HPG rebates of approximately $214,000 in September 2016. In addition to the pricing benefits realized under the HPG agreement, the Supply Chain leadership has been identifying contracts at Saint Francis that can be shifted to Trinity contracts which will also result in incremental savings in FY 2017.

As Saint Francis benefits from Trinity Health's pricing arrangements with vendors, we have also realized $1.2 million in cost savings for capital information technology relating to Epic hardware in the twelve months ended September 30, 2016. Operating expense savings relating to information technology was $53,000 for the six month period ended September 30, 2016.

There were no cost savings specific to Trinity Health – New England, Inc. (formerly known as Saint Francis *Care*, Inc.) as there are no operating expenses currently within this entity.

Except where otherwise noted, these cost savings will continue to be realized in future years. Furthermore, we continue to identify cost saving opportunities with vendors and will report those cost savings when realized in future reporting periods. See **Attachment A** for expense savings by category.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings.

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM). The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment B.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment C** for Financial Indicators.

Attachment A

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Cost Savings/Synergies 4/1/2016-9/30/2016

LINE	DESCRIPTION	Savings 4/1/2016-9/30/2016 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	
B.	Fringe Benefits (pension)	$2,921
C.	Contractual Labor Fees	
D.	Medical Supplies and Pharmaceutical Cost	$927
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$1,953
H.	Malpractice Insurance Cost	$621
I.	Utilities	
J.	Business Expenses (insurance and IT)	$141
K.	Other Operating Expense	
	Total savings 10/1-3/31	$6,563

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$76,694,000	$22,557,000	($54,137,000)	-71%
2	Short Term Investments	$9,418,000	$33,338,000	$23,920,000	254%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$65,284,000	$67,940,000	$2,656,000	4%
4	Current Assets Whose Use is Limited for Current Liabilities	$1,521,000	$0	($1,521,000)	-100%
5	Due From Affiliates	$4,864,000	$47,485,000	$42,621,000	876%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$9,701,000	$8,912,000	($789,000)	-8%
8	Prepaid Expenses	$8,457,000	$4,378,000	($4,079,000)	-48%
9	Other Current Assets	$2,211,000	$2,134,000	($77,000)	-3%
	Total Current Assets	**$178,150,000**	**$186,744,000**	**$8,594,000**	**5%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$48,893,000	$51,025,000	$2,132,000	4%
2	Board Designated for Capital Acquisition	$26,070,000	$27,789,000	$1,719,000	7%
3	Funds Held in Escrow	$817,000	$0	($817,000)	-100%
4	Other Noncurrent Assets Whose Use is Limited	($1,521,000)	$0	$1,521,000	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$74,259,000**	**$78,814,000**	**$4,555,000**	**6%**
5	Interest in Net Assets of Foundation	$9,394,000	$11,681,000	$2,287,000	24%
6	Long Term Investments	$25,350,000	$20,027,000	($5,323,000)	-21%
7	Other Noncurrent Assets	$7,117,000	$12,802,000	$5,685,000	80%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$873,910,000	$418,811,000	($455,099,000)	-52%
2	Less: Accumulated Depreciation	$427,558,000	$43,734,000	($383,824,000)	-90%
	Property, Plant and Equipment, Net	**$446,352,000**	**$375,077,000**	**($71,275,000)**	**-16%**
3	Construction in Progress	$8,411,000	$14,907,000	$6,496,000	77%
	Total Net Fixed Assets	**$454,763,000**	**$389,984,000**	**($64,779,000)**	**-14%**
	Total Assets	**$749,033,000**	**$700,052,000**	**($48,981,000)**	**-7%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$36,361,000	$24,750,000	($11,611,000)	-32%
2	Salaries, Wages and Payroll Taxes	$33,492,000	$35,638,000	$2,146,000	6%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
3	Due To Third Party Payers	$12,528,000	$13,400,000	$872,000	7%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$7,298,000	$6,926,000	($372,000)	-5%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$6,680,000	$5,962,000	($718,000)	-11%
	Total Current Liabilities	**$96,359,000**	**$86,676,000**	**($9,683,000)**	**-10%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$244,154,000	$237,731,000	($6,423,000)	-3%
2	Notes Payable (Net of Current Portion)	$0	$0	$0	0%
	Total Long Term Debt	**$244,154,000**	**$237,731,000**	**($6,423,000)**	**-3%**
3	Accrued Pension Liability	$234,591,000	$226,613,000	($7,978,000)	-3%
4	Other Long Term Liabilities	$43,991,000	$15,130,000	($28,861,000)	-66%
	Total Long Term Liabilities	**$522,736,000**	**$479,474,000**	**($43,262,000)**	**-8%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$52,342,000	$49,025,000	($3,317,000)	-6%
2	Temporarily Restricted Net Assets	$24,417,000	$29,566,000	$5,149,000	21%
3	Permanently Restricted Net Assets	$53,179,000	$55,311,000	$2,132,000	4%
	Total Net Assets	**$129,938,000**	**$133,902,000**	**$3,964,000**	**3%**
	Total Liabilities and Net Assets	**$749,033,000**	**$700,052,000**	**($48,981,000)**	**-7%**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT -SEPT	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,104,370,392	$2,252,204,000	$147,833,608	7%
2	Less: Allowances	$1,420,599,391	$1,498,710,000	$78,110,609	5%
3	Less: Charity Care	$13,558,599	$8,463,000	($5,095,599)	-38%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$670,212,402**	**$745,031,000**	**$74,818,598**	**11%**
5	Provision for Bad Debts	$20,980,833	$14,575,000	($6,405,833)	-31%
	Net Patient Service Revenue less provision for bad debts	**$649,231,569**	**$730,456,000**	**$81,224,431**	**13%**
6	Other Operating Revenue	$31,281,747	$38,574,000	$7,292,253	23%
7	Net Assets Released from Restrictions	$4,156,122	$3,397,000	($759,122)	-18%
	Total Operating Revenue	**$684,669,438**	**$772,427,000**	**$87,757,562**	**13%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$257,621,228	$258,412,000	$790,772	0%
2	Fringe Benefits	$68,082,765	$63,421,000	($4,661,765)	-7%
3	Physicians Fees	$47,535,764	$52,062,000	$4,526,236	10%
4	Supplies and Drugs	$99,464,711	$115,390,000	$15,925,289	16%
5	Depreciation and Amortization	$37,713,710	$44,179,000	$6,465,290	17%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$11,151,596	$8,115,000	($3,036,596)	-27%
8	Malpractice Insurance Cost	$10,303,205	$8,753,000	($1,550,205)	-15%
9	Other Operating Expenses	$149,739,353	$211,691,000	$61,951,647	41%
	Total Operating Expenses	**$681,612,332**	**$762,023,000**	**$80,410,668**	**12%**
	Income/(Loss) From Operations	**$3,057,106**	**$10,404,000**	**$7,346,894**	**240%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	($2,527,631)	$6,882,000	$9,409,631	-372%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($17,532,605)	($4,960,000)	$12,572,605	-72%
	Total Non-Operating Revenue	**($20,060,236)**	**$1,922,000**	**$21,982,236**	**-110%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($17,003,130)**	**$12,326,000**	**$29,329,130**	**-172%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($17,003,130)**	**$12,326,000**	**$29,329,130**	**-172%**
	Principal Payments	$8,785,000	$0	($8,785,000)	-100%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$102,071,000	$54,842,000	($47,229,000)	-46%
2	Short Term Investments	$33,496,000	$43,685,000	$10,189,000	30%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$77,445,000	$78,467,000	$1,022,000	1%
4	Current Assets Whose Use is Limited for Current Liabilities	$1,521,000	$0	($1,521,000)	-100%
5	Due From Affiliates	$3,400,000	$30,984,000	$27,584,000	811%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$9,701,000	$8,912,000	($789,000)	-8%
8	Prepaid Expenses	$7,851,000	$4,819,000	($3,032,000)	-39%
9	Other Current Assets	$6,745,000	$5,743,000	($1,002,000)	-15%
	Total Current Assets	**$242,230,000**	**$227,452,000**	**($14,778,000)**	**-6%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$48,894,000	$51,025,000	$2,131,000	4%
2	Board Designated for Capital Acquisition	$27,242,000	$27,789,000	$547,000	2%
3	Funds Held in Escrow	$43,133,000	$0	($43,133,000)	-100%
4	Other Noncurrent Assets Whose Use is Limited	($1,521,000)	$0	$1,521,000	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$117,748,000**	**$78,814,000**	**($38,934,000)**	**-33%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$25,097,000	$22,193,000	($2,904,000)	-12%
7	Other Noncurrent Assets	$15,864,000	$41,494,000	$25,630,000	162%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$912,915,000	$429,833,000	($483,082,000)	-53%
2	Less: Accumulated Depreciation	$454,078,000	$45,381,000	($408,697,000)	($1)
	Property, Plant and Equipment, Net	**$458,837,000**	**$384,452,000**	**($74,385,000)**	**-16%**
3	Construction in Progress	$8,411,000	$14,931,000	$6,520,000	78%
	Total Net Fixed Assets	**$467,248,000**	**$399,383,000**	**($67,865,000)**	**-15%**
	Total Assets	**$868,187,000**	**$769,336,000**	**($98,851,000)**	**-11%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
1	Accounts Payable and Accrued Expenses	$41,686,000	$30,149,000	($11,537,000)	-28%
2	Salaries, Wages and Payroll Taxes	$51,151,000	$57,548,000	$6,397,000	13%
3	Due To Third Party Payers	$13,630,000	$15,584,000	$1,954,000	14%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$7,298,000	$7,292,000	($6,000)	0%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$8,658,000	$6,583,000	($2,075,000)	-24%
	Total Current Liabilities	**$122,423,000**	**$117,156,000**	**($5,267,000)**	**-4%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$244,154,000	$255,276,000	$11,122,000	5%
2	Notes Payable (Net of Current Portion)	$0	$0	$0	0%
	Total Long Term Debt	**$244,154,000**	**$255,276,000**	**$11,122,000**	**5%**
3	Accrued Pension Liability	$276,965,000	$230,820,000	($46,145,000)	-17%
4	Other Long Term Liabilities	$43,991,000	$18,208,000	($25,783,000)	-59%
	Total Long Term Liabilities	**$565,110,000**	**$504,304,000**	**($60,806,000)**	**-11%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$101,295,000	$61,336,000	($39,959,000)	-39%
2	Temporarily Restricted Net Assets	$26,180,000	$31,229,000	$5,049,000	19%
3	Permanently Restricted Net Assets	$53,179,000	$55,311,000	$2,132,000	4%
	Total Net Assets	**$180,654,000**	**$147,876,000**	**($32,778,000)**	**-18%**
	Total Liabilities and Net Assets	**$868,187,000**	**$769,336,000**	**($98,851,000)**	**-11%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT -SEPT	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,433,798,000	$2,622,172,000	$188,374,000	8%
2	Less: Allowances	$1,621,115,000	$1,728,774,000	$107,659,000	7%
3	Less: Charity Care	$14,331,000	$9,009,000	($5,322,000)	-37%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$798,352,000**	**$884,389,000**	**$86,037,000**	**11%**
5	Provision for Bad Debts	$25,600,000	$18,334,000	($7,266,000)	-28%
	Net Patient Service Revenue less provision for bad debts	**$772,752,000**	**$866,055,000**	**$93,303,000**	**12%**
6	Other Operating Revenue	$38,303,000	$49,826,000	$11,523,000	30%
7	Net Assets Released from Restrictions	$10,911,000	$7,952,000	($2,959,000)	-27%
	Total Operating Revenue	**$821,966,000**	**$923,833,000**	**$101,867,000**	**12%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$378,595,000	$402,540,000	$23,945,000	6%
2	Fringe Benefits	$86,980,000	$86,331,000	($649,000)	-1%
3	Physicians Fees	$24,836,000	$28,805,000	$3,969,000	16%
4	Supplies and Drugs	$119,805,000	$137,840,000	$18,035,000	15%
5	Depreciation and Amortization	$39,696,000	$45,487,000	$5,791,000	15%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$11,152,000	$8,116,000	($3,036,000)	-27%
8	Malpractice Insurance Cost	$6,887,000	$12,151,000	$5,264,000	76%
9	Other Operating Expenses	$148,043,000	$201,439,000	$53,396,000	36%
	Total Operating Expenses	**$815,994,000**	**$922,709,000**	**$106,715,000**	**13%**
	Income/(Loss) From Operations	**$5,972,000**	**$1,124,000**	**($4,848,000)**	**-81%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	($2,530,000)	$5,904,000	$8,434,000	-333%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($17,533,000)	($4,960,000)	$12,573,000	-72%
	Total Non-Operating Revenue	**($20,063,000)**	**$944,000**	**$21,007,000**	**-105%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($14,091,000)**	**$2,068,000**	**$16,159,000**	**-115%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$58,589,000	$58,589,000	0%
	Total Other Adjustments	**$0**	**$58,589,000**	**$58,589,000**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($14,091,000)**	**$60,657,000**	**$74,748,000**	**-530%**

TRINITY HEALTH - NEW ENGLAND, INC.
(FORMERLY SAINT FRANCIS *CARE* , INC.)
CONSOLIDATED STATEMENT OF CASH FLOW

		Twelve Months Ended September 30 2016
Operating activities and non-operating income		
Excess of revenues over expenses	**$**	**60,657,000**
Adjustments to reconcile excess of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization		**45,487,000**
Bad debts		**18,334,000**
Increase in assets held in trust by others		**(2,131,000)**
Increase in accrued pension liability		**(46,145,000)**
Decrease in other long term liabilities		**(25,783,000)**
Purchase accounting		**(30,319,000)**
Transfer of swap to TH-NE		**(44,000,000)**
Other changes in net assets		**(19,116,000)**
Change in working capital, other than cash and cash equivalents		**(45,857,000)**
Net cash used in operating activities		**(88,873,000)**
Investing activities		
Purchase of property, plant and equipment, net		**(36,317,000)**
Purchase accounting, property, plant and equipment		**58,695,000**
Increase in investments		**(7,285,000)**
Increase in other noncurrent assets		**(25,630,000)**
Decrease in noncurrent assets whose use is limited		**41,065,000**
Net cash used in investing activities		**30,528,000**
Financing activities		
Issuance of long term debt		**18,000,000**
Principal payments on long-term debt		**(6,884,000)**
Net cash provided by financing activities		**11,116,000**
Net decrease in cash and cash equivalents		**(47,229,000)**
Cash and cash equivalents at beginning of period		**102,071,000**
Cash and cash equivalents at end of period	**$**	**54,842,000**

(FORMERLY SAINT FRANCIS *CARE* , INC.)
CONSOLIDATED STATEMENT OF CHANGES IN
COMPONENTS OF WORKING CAPITAL OTHER THAN
CASH AND CASH EQUIVALENTS

		Twelve Months Ended September 30 2016
Changes in current assets:		
Assets whose use is limited required for current liabilities	**$**	**1,521,000**
Accounts receivable--patients, net		**(19,356,000)**
Other current assets		**1,002,000**
Inventory of supplies		**789,000**
Prepaid expenses		**3,032,000**
Due from affiliated entities		**(27,584,000)**
		(40,596,000)
Changes in current liabilities:		
Accounts payable		**(11,537,000)**
Salary and wages, payroll taxes and amounts withheld from employees		**6,397,000**
Other current liabilities		**(2,075,000)**
Due to third party reimbursement agencies		**1,954,000**
		(5,261,000)
Changes in working capital other than cash and cash equivalents	**$**	**(45,857,000)**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CASH FLOW

		Twelve Months Ended September 30 2016
Operating activities and non-operating income		
Excess of revenues over expenses	**$**	**12,326,000**
Adjustments to reconcile excess of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization		**44,179,000**
Bad debts		**14,575,000**
Increase in interest in Saint Francis Hospital and Medical Center Foundation		**(2,287,000)**
Increase in assets held in trust by others		**(2,132,000)**
Increase in accrued pension liability		**(7,978,000)**
Decrease in other long term liabilities		**(28,861,000)**
Other changes in net assets		**(8,362,000)**
Change in working capital, other than cash and cash equivalents		**(62,697,000)**
Net cash used in operating activities		**(41,237,000)**
Investing activities		
Purchase of property, plant and equipment, net		**(34,704,000)**
Purchase accounting, property, plant and equipment		**55,304,000**
Increase in investments		**(18,597,000)**
Increase in other noncurrent assets		**(5,685,000)**
Increase in noncurrent assets whose use is limited		**(2,423,000)**
Net cash used in investing activities		**(6,105,000)**
Financing activities		
Principal payments on long-term debt		**(6,795,000)**
Net cash used in financing activities		**(6,795,000)**
Net decrease in cash and cash equivalents		**(54,137,000)**
Cash and cash equivalents at beginning of period		**76,694,000**
Cash and cash equivalents at end of period	**$**	**22,557,000**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CHANGES IN COMPONENTS OF WORKING CAPITAL OTHER THAN CASH AND CASH EQUIVALENTS

	Twelve Months Ended September 30 2016
Changes in current assets:	
Assets whose use is limited required for current liabilities	**$ 1,521,000**
Accounts receivable--patients, net	**(17,231,000)**
Other current assets	**77,000**
Inventory of supplies	**789,000**
Prepaid expenses	**4,079,000**
Due from affiliated entities	**(42,621,000)**
	(53,386,000)
Changes in current liabilities:	
Accounts payable	**(11,611,000)**
Salary and wages, payroll taxes and amounts withheld from employees	**2,146,000**
Accrued expenses and interest payable	**(718,000)**
Due to third party reimbursement agencies	**872,000**
	(9,311,000)
Changes in working capital other than cash and cash equivalents	**$ (62,697,000)**

Attachment C

Saint Francis Hospital and Medical Center

	Sept 16 YTD	Sept 15 YTD	Comments
Monthly Financial Measurement/Indicators			
A. Operating Performance:			
Operating Margin	1.3%	0.4%	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	8.1%	7.6%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	0.6%	1.0%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	2.2	1.8	current assets/current liabilites
Days Cash on Hand	42.6	63.6	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables	33.9	36.7	net ar/net patient ser rev(after bd)/days in yr
Average Payment Period	44.1	54.6	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	182.7%	193.5%	total debt/total equity(net assets)
Long-term Debt to Capitalization	64.0%	65.3%	LTD/LTD+net assets
Unrestricted Cash to Debt	34.2%	44.6%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	2.3	1.3	EBIT/Interest expense
Debt Service Coverage Ratio	4.2 x	2.8 x	(Net income+int+depr)/(st debt+int exp)
Equity Financing Ratio	19.1%	17.3%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations	$ 10,404	$ 3,057	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 12,326	$ (17,003)	Net gain(loss)
EBITDA	$ 62,698	$ 51,923	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 55,895	$ 86,112	from cons bs
Net Working Capital	$ 100,068	$ 81,791	current assets-current liabilities
Unrestricted Assets	$ 49,025	$ 52,342	from cons bs

Attachment C

Trinity Health - New England (Hartford)

		Sept 16 YTD		Sept 15 YTD	Comments
Monthly Financial Measurement/Indicators					
A. Operating Performance:					
Operating Margin		0.1%		0.7%	operating income/operating revenues
Non-Operating Margin		NA		NA	
Total Margin		5.9%		6.9%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue		0.7%		1.1%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:					
Current Ratio		1.9		2.0	current assets/current liabilites
Days Cash on Hand		52.6		76.5	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables		33.1		36.6	net ar/net patient ser rev/days in yr
Average Payment Period		48.7		57.6	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:					
Long-term Debt to Equity		177.6%		139.2%	total debt/total equity(net assets)
Long-term Debt to Capitalization		63.3%		57.5%	LTD/LTD+net assets
Unrestricted Cash to Debt		0.5		0.6	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio		1.1		1.5	EBIT/Interest expense
Debt Service Coverage Ratio		3.6 x		3.1 x	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio		19.2%		20.8%	Net assets/total assets
D. Additional Statistics (in thousands)					
Income(Loss) from Operations	$	1,124	$	5,972	Net income(loss) from operations
Revenue Over/(Under) Expense	$	60,657 *	$	(14,091)	Net gain(loss)
EBITDA	$	54,727	$	56,820	based on net income(loss) from operations
Patient Cash Collected		NA		NA	
Cash and Cash Equivalents	$	98,527	$	135,567	from cons bs
Net Working Capital	$	110,296	$	119,807	current assets-current liabilities
Unrestricted Assets	$	61,336	$	101,295	from cons bs

* includes puchase accounting goodwill adjustment

Attachment C

Trinity Health - New England (Hartford)

	Sept 16 YTD	Sept 15 YTD	Explanation
D. Additional Statistics			YTD net patient revenue increased $93.3M, Operating expenses increased $106.7M due to costs of drugs and medical supplies, professional fees for EPIC support, merger due diligence, JMMC acquisition and purchase accounting including
Income(Loss) from Operations	1,124	5,972	depreciation and SFMG's increased loss of ($5.4M).
Revenue Over/(Under) Expense	60,657	(14,091)	Purchase accounting goodwill adjustment of $58.6 million. Swap activity of $15.5M for year end Sept 2015. SWAP transferred on 10/1 to Trinity Health.
EBITDA	54,727	56,820	YTD net patient revenue increased $93.3M, Operating expenses increased $106.7M due to costs of drugs and medical supplies, professional fees for EPIC support, merger due diligence, JMMC acquisition and purchase accounting including depreciation and SFMG's increased loss of ($5.4M).
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	98,527	135,567	Decrease in a/p ($11.5M); increase in due from affiliates $27.5M; funds expended for tail liablility $8.5M; JMMC purchase $2.3M; SWAP and debt termination expenses.
Net Working Capital	110,296	119,807	Decrease in cash and cash equivalents ($37M), decrease in a/p ($11.5M).
Unrestricted Assets	61,336	101,295	Change in PPE ($74M) due to purchase accounting adjustments; Increase pension liability due to change in mortality tables offset by transfer of SWAP liability to Trinity

Saint Francis Hospital

	Sept 16 YTD	Sept 15 YTD	
D. Additional Statistics			YTD net patient revenue increased $87M. Operating expenses increased $80M due to costs of drugs and medical supplies,
Income(Loss) from Operations	10,404	3,057	professional fees for EPIC support, nurse registry fees, merger due diligence, JMMC acquisiton and purchase accounting adjustments including depreciation.
Revenue Over/(Under) Expense	12,326	(17,003)	Swap activity of ($15.5M) for year end Sept 2015. SWAP transferred on 10/1 to Trinity Health.
EBITDA	62,698	51,923	YTD net patient revenue increased $87M. Operating expenses increased $80M due to costs of drugs and medical supplies, professional fees for EPIC support, nurse registry fees, merger due diligence, JMMC acquisiton and purchase accounting adjustments including depreciation.
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	55,895	86,112	Decrease in a/p ($11.6M), increase in due from affiliates $42.6M
Net Working Capital	100,068	81,791	Decrease in cash and cash equivelents ($30M), decrease in a/p ($11.6M), increase in due from affiliates $42.6M.
Unrestricted Assets	49,025	52,342	YTD income $10.4M; Change in PPE ($71M) due to purchase accounting adjustments; Increase pension liability due to change in mortality tables offset by transfer of SWAP liability to Trinity

Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis Care, Inc.

1000 Asylum Street
Hartford, CT 06105
860-714-6165

November 30, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Dear Mrs. Roberts:

Please see the attached documents in satisfaction of Stipulation 9 of the above-referenced Agreed Settlement Order dated November 24, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio Capone
Regional Vice President of
Business Development and Strategic Planning
claudio.capone@trinityhealth-ne.org

Enclosures

CON Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Response to Item #9 of the Settlement and Order dated 11/24/2015 for the Six Month Period Ended September 30, 2017

9. Within one hundred and fifty (150) days following the Closing Date and thereafter on an annual basis, the Applicants shall submit to OHCA its Capital Investment Plan specific to JMMC and JMH detailing the proposed allocation of the capital investment commitment over the three-year period post-closing. The submitted plans shall account for the full commitment as stated in this proposal and include the following in a format to be agreed upon:

> *a) A list of planned capital expenditures with detailed descriptions and associated estimated costs; and b) A timeframe for the roll out of the capital projects (including estimated beginning, ending and startup/operation dates); and c) Written reports updating OHCA on the implementation of the Capital Investment Plan in each Annual Report submitted under this Order. Such reports shall describe all activities and expenditures undertaken as part of the Capital Investment Plan, including but not limited to, a description of the capital project, the dates and amounts of withdrawals from the JMMC's operating account and/or any other sources of funding used to fulfill the capital commitment. The reports shall be signed by JMMC's Chief Financial Officer.*

Since the approval of the Certificate of Need, Johnson has been in the process of developing the capital budget for FY 2017 (July 1, 2016 through June 30, 2017).

For the period April 1, 2016 through September 30, 2016, Johnson incurred capital expenditures of $1.1 million (See **Attachment A**). As previously reported, Trinity Health – New England (formerly known as Saint Francis *Care,* Inc.*)* and Johnson accelerated the timing of the implementation of the Epic electronic medical record system. The total capital cost of this system implementation relating to Johnson was approximately $6.8 million, which was paid by Saint Francis Hospital and Medical Center and ultimately structured as a capital lease to Johnson. Annual capital lease payments from Johnson to Saint Francis Hospital and Medical Center total $960,000 annually for seven years, $480,000 for the six month period ended September 30, which has been included in the capital expenditure report attached.

The FY 2017-FY2020 preliminary capital budget for Johnson (see **Attachment B**) was developed as part of the Trinity Health-New England's capital and operating budget processes as well as the current strategic financial planning process for the fiscal years 2018-2020. While capital projects are inventoried and identified during the strategic planning process, the actual expenditure for FY 2017, 2018 and 2019 will likely be $1.5 million, $3.0 million and $3.0 million, respectively. Individual items on Johnson's capital request will be continuously evaluated as we are constantly assessing the strategic needs of the facilities.

Johnson Memorial Hospital/Johnson Memorial Medical Center
New Acquisition Jan - Sept 16
Stipulation # 9 Attachment A

Row Labels	Sum of ORIGINAL COST
1/1/2016	**$ 102,509**
AccuDose Door Lock	$ 50,603
MRI Portico work	$ 31,904
software	$ 13,053
(blank)	$ 6,949
2/1/2016	**$ 40,656**
HD LED CD monitor/stand/basket	$ 14,260
JSC humidity & temp control	$ 26,396
3/1/2016	**$ 43,475**
AccuDose Door Lock	$ 7,425
analog video monitor syste -icu	$ 4,987
Endo cleaning station	$ 7,312
JSC humidity & temp control	$ 4,695
pneumatic Tube system	$ 10,276
upgrad to hum/temp controls	$ 8,780
4/1/2016	**$ 55,385**
Anesthesia monitors- lease buyout	$ 12,000
Psych room renovations	$ 19,825
renov for steris washer/sink,counter	$ 11,900
Steris/Amsco Washer	$ 11,660
5/1/2016	**$ 111,352**
Centricity Perinatal Intrapartum System	$ 86,343
Cystoscope equipment	$ 25,009
6/1/2016	**$ 279,465**
EPIQ 7G Ultrasound System	$ 259,640
Psych room renovations	$ 19,825
7/1/2016	**$ 23,496**
Endo cleaning station	$ 17,061
LF-DP Tracheal Intubation Fib rscope	$ 6,435
8/1/2016	**$ 119,998**
Kawneed series alum doors	$ 7,750
PeopleSoft Licenses	$ 112,248
Grand Total	**$ 776,335**

Epic Capital Lease	$	720,000
Total Capital Expenditures including Lease 1/1-9/30	$	1,496,335
Total Capital Expenditures including Lease 4/1-9/30	$	1,069,696

Johnson Memorial Medical Center/Johnson Memorial Hospital

FY 2017 to FY 2020 Preliminary Capital Plan

Stipulation #9 Attachment B

N=New
R = Replace

Entity/Leader/Dept	Item Description	Priority		FY 2017	FY 2018	FY 2019	FY 2020
Plant Operations (8060)	Electrical upgrades - Phase One (FY18= $600k, FY19=$100k)	1		460,909	239,091		
Plant Operations (8060)	Kitchen Exhaust System	1		235,797			
Radiology (7240)	Digital Radiology room - remove old equip, install	1	R	210,000			
Nursing Admin (6010)	R Series ALC biphasic ZOLL Defibrillators (11 defibrillators)	1	R	208,611			
Plant Operations (8060)	Paving Visitor Parking Lot	2	R	126,165			
Plant Operations (8060)	Patient Room windows - recalk for blurry			50,000			
Pharmacy (7330)	Guardrails Service contract for Alaris IV pumps	1	R	72,000			
Plant Operations (8060)	Repairs to main Entrance Canopy	1		65,418			
Plant Operations (8060)	Uranium System	1		35,000			
Radiology (7240)	Raometeric - one for JSC & JMH	1	N	18,000			
Pharmacy (7330)	3-card reader controller Locks (2 Stfd, 1 Enf)	1	N	10,000			
Plant Operations (8060)	Remove & install new Fire Hydrant	1		8,100			
Pharmacy (7330)	IV room @ JMH	1	N		500,000		
Radiology (7240)	Digital Mammography upgrad 2D @ JSC and Digital @JMH	1	R		430,000		
Radiology (7240)	R&F Digital room - remove old equip, install	1	R		$369,750		
Pharmacy (7330)	AcuDose Equipment for OR suites @ JSC OR suites	1	N	-	274,001		
Radiology (7240)	GE OEC C-Arm	2	R		200,000		
Ultrasound (7280)	Ultrasound room & removal of old u/s equip	1	R		135,395		
Ultrasound (7280)	Philips EPIQ 7 Diamond Select System	1	R		118,000		
Plant Operations (8060)	Boiler,Energy Saving Controls/Hawk system	1	R		125,915		
Plant Operations (8060)	Paving Roadway, Loading Dock area, parking	2	R		$122,841		
Pharmacy (7330)	AcuDose Software Upgrade Connect	1	R		76,118		
Nursing Admin (6010)	Carefusion Alaris PCA modules, Unites, ETC02 modules	1	R		75,768		
Cardiolvascular (7250)	Cardiovascular Ultrasound Scanner	1	R		75,150		
Plant Operations (8060)	Bobcat for Snow removal & grounds work	2			$70,000		
Central Sterile Proc. (6760)	Getinge 733 sterilizer	1	N		69,636		
JSC (Surgery Ctr) (6600)	OR Surgical Lights in OR 1, 2 & 3	1	R		66,492		
Plant Operations (8060)	ABS - JMH OR/Pharmacy/Heat Exchanger	2			61,320		
Plant Operations (8060)	Lighting Protections: Main Bldg; BH; PH; & WWTP	2			$55,550		
Plant Operations (8060)	Truck	2			50,000		

Johnson Memorial Medical Center/Johnson Memorial Hospital

FY 2017 to FY 2020 Preliminary Capital Plan

Stipulation #9 Attachment B

N=New
R = Replace

Entity/Leader/Dept	Item Description	Priority		FY 2017	FY 2018	FY 2019	FY 2020
JSC (Surgery Ctr) (6600)	Stryker Video Equipment Incl display & camera heads	2	R		40,101		
Enfield Phys Med (7093)	Mediware MediLinks OP CUL License	1	N		39,960		
Perioperative Svcs (6610)	Urology Instrumentation	1	R		34,000		
Nursing Admin (6010)	Carefusion Alaris syringe modules and software	2	R		33,252		
Nursing Admin (6010)	3 EZZ way 1000 lb ceiling lifts w continuous charge	2	N		32,262		
Plant Operations (8060)	Paint Boiler House Smoke Stack	2			$31,180		
Psychiatry (6070)	Psychiatric Safe Medical Beds - 5 beds @ $5,900	2	N		29,500		
CT Scan (7230)	ACR CT phantoms for JSC & JMH	1	N		26,000		
Plant Operations (8060)	I-Net Sysetm Upgrade	1			13,285		
Pharmacy (7330)	Camera Security System for pharm (4 Stfd, 2 Enf)	1	N		12,000		
Plant Operations (8060)	Fleet Guard Key System - control system	2			11,818		
Radiology (7240)	Stryker Stretcher - trauma - JMH	1	R		$9,100		
Plant Operations (8060)	Backup Myers Pump for Bed 6 WWTP	2			9,084		
Ultrasound (7280)	Stryker OB Stretcher for JSC	1	N		6,000		
Plant Operations (8060)	Install 9 bollards in front of Generator	1			$7,786		
	Carefusion					2,000,000	
	Pixis						
Nuclear Medicine (7300)	Siemens Symbia T6 Spect/CT camera	1	R			599,600	
CT Scan (7230)	Siemens Somatome Perspective 64 slice scanner	1	R			525,000	
Radiology (7240)	RadSpeed Auto Dr Radiographic Room	2	R			273,350	
Laboratory (7020)	Hematology replacemsnt (2) Sysmex XN2000 analyzers	2	R			173,918	
Same Day Surgury (6605)	GE patient monitors & Central station monitor	2	R			145,834	
Plant Operations (8060)	Hot Water System	3				130,000	
Laboratory (7020)	(2) ACL TOP 300 Coagulation analyzers	1	R			90,000	
Perioperative Svcs (6610)	Mammotome	1	N			$65,526	
Radiology (7240)	Bone Density (remove old equip, install)	3	R			65,000	
Central Sterile Proc. (6760)	Getinge 8668 Washer Disinfecter 12 Tray unit	3	N			55,598	
Plant Operations (8060)	Fuel duplex pump set	3				47,919	
Plant Operations (8060)	Medical Vacuum System	3				$31,997	
Respiratory Therapy (7400)	Maquet SERVO - 1 Universal Core	1	N			30,681	

Johnson Memorial Medical Center/Johnson Memorial Hospital

FY 2017 to FY 2020 Preliminary Capital Plan

Stipulation #9 Attachment B

N=New
R = Replace

Entity/Leader/Dept	Item Description	Priority		FY 2017	FY 2018	FY 2019	FY 2020
Cardiac Rehab (7590)	complete phase 3 of business plan for relocation	1	N			23,100	
Radiology (7240)	C-Arm Table	3	R			20,000	
Plant Operations (8060)	New Well Install #9 - LaFamboise	3				17,155	
Anesthesia (7370)	Glide Scope	1	R			$14,422	
CT Scan (7230)	Renovation of Ct area - stretcher, curtain, paint/floor		R			10,000	
Radiology (7240)	renovation of main xray viewing room		N			10,000	
Emergency Rm (6850)	Stryker Stretcher - Trauma/2 Big Wheel	1	N			9,405	
Post Anesthesia Care (6660	Transport Monitor	1	N	-		8,530	
Laboratory (7020)	Ortho Workstation for ID-MTS Gel Cards	1	N			7,060	
Central Sterile Proc. (6760)	Getinge Prep & Pack table	3	N			6,883	
Enfield Phys Med (7093)	NuStep Recumbent Cross Trainer w/oversized seat	2	R			6,670	
Laboratory (7020)	Hematology micro scope	1	R			$6,400	
CT Scan (7230)	Countertop Blanket Warmer		N			6,000	
Radiology (7240)	GE 9" Laser Aimer for OEC 9899 +C-Arm Part		N			6,000	
Enfield Phys Med (7093)	AC5000M Treadmill w handrails/wght cap of 550 lbs	3	R			4,972	
CT Scan (7230)	64 slice Ct Scanner with install & remove old equip,	2	R				$569,170
Plant Operations (8060)	Contingency - Emergency Repairs	3					500,000
Anesthesia (7370)	Anesthisia Machines	3	R				400,000
Plant Operations (8060)	Nirenberg - Generators	3					350,000
Grand Totals JMMC				$ 1,500,000	$ 3,450,355	$ 4,391,020	$ 1,819,170

Note: Based on current infrastructure issues at Johnson, the creation of a sewer system is expected over the next three years. The estimated costs for Johnson relating to this project is approximately $4.0 million. This amount is not included in the schedule above.

1000 Asylum Street
Hartford, CT 06105
860-714-6165

November 30, 2016

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

RE: Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Dear Mrs. Roberts:

Please see the attached documents in satisfaction of Stipulations 10 and 11 of the above-referenced Agreed Settlement Order dated November 24, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio Capone
Regional Vice President of
Business Development and Strategic Planning
claudio.capone@trinityhealth-ne.org

Enclosures

CON Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Response to Items #10 and #11 of the Settlement and Order dated 11/24/2015 for the Six Month Period Ended September 30, 2016

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both JMH and its immediate parent, JMMC. For purposes of this Order, semi-annual periods are October 1- March 31 and April 1 - September 30. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both JMH and its immediate parent, JMMC: Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The semi-annual submission shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since January 1, 2016, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Johnson to identify and implement changes to realize cost savings opportunities. As previously reported, one immediate benefit was the successful restructuring of Johnson's debt as of December 31, 2015 with an intercompany loan from Trinity Health – New England, Inc. In addition, Saint Francis Hospital and Medical Center forgave a loan due from Johnson in the amount of $2,350,000 upon the closing of the transaction. The restructured debt has resulted in a decrease of interest expense in the amount of $49,000 for the six month period ended September 30, 2016.

Another significant savings realized to date was the inclusion of Johnson into the Trinity Health insurance program. This produced an overall decrease in annual premiums for malpractice, workers compensation and other business policies of approximately $1.0 million with savings realized for the six month period ended September 30, 2016 of $496,000, exclusive of one time tail coverage costs incurred as part of the transaction.

There have been significant efforts to centralize support functions across Trinity Health-New England including Finance, Revenue Cycle, and Information Systems. This has resulted in reduction of costs at Johnson of $315,000 for the six months ended September 30, 2016.

In addition, Johnson has benefited from the utilization of regional Legal Services and Compliance and Audit departments. The decrease in legal and auditing costs associated with this transition were $258,000 for the six month period ended September 30, 2016.

In addition to the cost savings, Johnson has been able to leverage the expertise and resources at Saint Francis Hospital and Medical Center, Trinity Health-New England and Trinity Health in each of the areas identified above.

The above savings are offset by a regional allocation of $319,000 for the six month period included in other operating expenses in **Attachment A.**

Interest and insurance savings related to JMMC are included in the amounts described above. There are no additional cost savings within JMMC.

In addition to the synergies realized to date, Johnson is in the process of transitioning to the Trinity Total Rewards program for employee compensation and benefits. Johnson provided its employees with a 2% pay increase on September 1st. This was the first across the board, cost of living increase that Johnson has been able to give its employees since 2008. In addition, effective 1/1/2017, Johnson employees will be participating in Trinity Health's defined contribution plan which provides for a core employer contribution for all employees and matching contributions funded bi-weekly for those employees who make deferrals into the plan.

We continue to identify cost saving opportunities as we align our vendor contracts with Trinity Health system contracts. These cost savings will be reported when realized in future reporting periods. See **Attachment A** for expense savings by category.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings.

Since joining Trinity Health – New England, Johnson has received the Gold Seal 3-year Joint Commission Accreditation, and has experienced improvements in both patient experience and clinical quality. Areas of clinical quality improvement have been in decreased Sepsis rates, decreased readmission rates and notices of serious safety events were marginal.

Also, Johnson's average daily census during the months of September and October have been two of the higher months since prior to filing for bankruptcy.

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for JMH and its immediate parent, JMMC. The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment B.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The

required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment C** for Financial Indicators.

Attachment A

Johnson Memorial Hospital
Cost Savings/Synergies 4/1/2016-9/30/2016

LINE	DESCRIPTION	Savings 4/1/2016-9/30/2016 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	$315
B.	Fringe Benefits (workers comp)	$101
C.	Contractual Labor Fees	$0
D.	Medical Supplies and Pharmaceutical Cost	$30
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$49
H.	Malpractice Insurance Cost	
I.	Utilities	
J.	Business Expenses (insurance)	$395
K.	Other Operating Expense	($61)
	Total savings 1/1-3/31	$829

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(3)	(5)	(6)
LINE	DESCRIPTION	FY 2015 ACTUAL	FY 2016 SEPTEMBER	AMOUNT DIFFERENCE	% DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$1,675,853	$0	($1,675,853)	-100%
2	Short Term Investments	$0	$0	$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$9,554,938	$0	($9,554,938)	-100%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$1,506,354	$0	($1,506,354)	-100%
8	Prepaid Expenses	$1,497,131	$0	($1,497,131)	-100%
9	Other Current Assets	$329,908	$0	($329,908)	-100%
	Total Current Assets	**$14,564,184**	**$0**	**($14,564,184)**	**-100%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$3,425,921	$0	($3,425,921)	-100%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$224,917	$0	($224,917)	-100%
4	Other Noncurrent Assets Whose Use is Limited	$843,587	$0	($843,587)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$4,494,425**	**$0**	**($4,494,425)**	**-100%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$3,467,074	$0	($3,467,074)	-100%
7	Other Noncurrent Assets	$8,986,456	$0	($8,986,456)	-100%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$66,495,422	$0	($66,495,422)	-100%
2	Less: Accumulated Depreciation	$45,821,926	$0	($45,821,926)	-100%
	Property, Plant and Equipment, Net	**$20,673,496**	**$0**	**($20,673,496)**	**-100%**
3	Construction in Progress	$0	$0	$0	0%
	Total Net Fixed Assets	**$20,673,496**	**$0**	**($20,673,496)**	**-100%**
	Total Assets	**$52,185,635**	**$0**	**($52,185,635)**	**-100%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$8,861,782	$0	($8,861,782)	-100%
2	Salaries, Wages and Payroll Taxes	$1,895,078	$0	($1,895,078)	-100%

JOHNSON MEMORIAL HOSPITAL					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION					
(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
3	Due To Third Party Payers	$2,212,362	$0	($2,212,362)	-100%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$11,987,500	$0	($11,987,500)	-100%
6	Current Portion of Notes Payable	$838,274	$0	($838,274)	-100%
7	Other Current Liabilities	$10,142,734	$0	($10,142,734)	-100%
	Total Current Liabilities	**$35,937,730**	**$0**	**($35,937,730)**	**-100%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$4,572,057	$0	($4,572,057)	-100%
	Total Long Term Debt	**$4,572,057**	**$0**	**($4,572,057)**	**-100%**
3	Accrued Pension Liability	$0	$0	$0	0%
4	Other Long Term Liabilities	$7,433,424	$0	($7,433,424)	-100%
	Total Long Term Liabilities	**$12,005,481**	**$0**	**($12,005,481)**	**-100%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	($498,600)	$0	$498,600	-100%
2	Temporarily Restricted Net Assets	$471,516	$0	($471,516)	-100%
3	Permanently Restricted Net Assets	$4,269,508	$0	($4,269,508)	-100%
	Total Net Assets	**$4,242,424**	**$0**	**($4,242,424)**	**-100%**
	Total Liabilities and Net Assets	**$52,185,635**	**$0**	**($52,185,635)**	**-100%**

JOHNSON MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	JAN - SEPT	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$171,319,321	$0	($171,319,321)	-100%
2	Less: Allowances	$102,596,531	$0	($102,596,531)	-100%
3	Less: Charity Care	$221,056	$0	($221,056)	-100%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$68,501,734**	**$0**	**($68,501,734)**	**-100%**
5	Provision for Bad Debts	$3,114,000	$0	($3,114,000)	-100%
	Net Patient Service Revenue less provision for bad debts	**$65,387,734**	**$0**	**($65,387,734)**	**-100%**
6	Other Operating Revenue	$590,810	$0	($590,810)	-100%
7	Net Assets Released from Restrictions	$23,905	$0	($23,905)	-100%
	Total Operating Revenue	**$66,002,449**	**$0**	**($66,002,449)**	**-100%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$24,833,219	$0	($24,833,219)	-100%
2	Fringe Benefits	$6,111,895	$0	($6,111,895)	-100%
3	Physicians Fees	$4,050,496	$0	($4,050,496)	-100%
4	Supplies and Drugs	$10,665,670	$0	($10,665,670)	-100%
5	Depreciation and Amortization	$1,804,654	$0	($1,804,654)	-100%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$975,626	$0	($975,626)	-100%
8	Malpractice Insurance Cost	$1,058,521	$0	($1,058,521)	-100%
9	Other Operating Expenses	$20,739,982	$0	($20,739,982)	-100%
	Total Operating Expenses	**$70,240,063**	**$0**	**($70,240,063)**	**-100%**
	Income/(Loss) From Operations	**($4,237,614)**	**$0**	**$4,237,614**	**-100%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$228,556	$0	($228,556)	-100%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$0	$0	$0	0%
	Total Non-Operating Revenue	**$228,556**	**$0**	**($228,556)**	**-100%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($4,009,058)**	**$0**	**$4,009,058**	**-100%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($4,009,058)**	**$0**	**$4,009,058**	**-100%**
	Principal Payments	$184,222	$0	($184,222)	-100%

JOHNSON MEMORIAL MEDICAL CENTER, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$1,805,602	$0	($1,805,602)	-100%
2	Short Term Investments	$0	$0	$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$12,246,951	$0	($12,246,951)	-100%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$1,523,756	$0	($1,523,756)	-100%
8	Prepaid Expenses	$1,880,119	$0	($1,880,119)	-100%
9	Other Current Assets	$537,387	$0	($537,387)	-100%
	Total Current Assets	**$17,993,815**	**$0**	**($17,993,815)**	**-100%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$4,452,119	$0	($4,452,119)	-100%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$224,917	$0	($224,917)	-100%
4	Other Noncurrent Assets Whose Use is Limited	$0	$0	$0	0%
	Total Noncurrent Assets Whose Use is Limited:	**$4,677,036**	**$0**	**($4,677,036)**	**-100%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$3,467,074	$0	($3,467,074)	-100%
7	Other Noncurrent Assets	$1,486,054	$0	($1,486,054)	-100%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$97,485,005	$0	($97,485,005)	-100%
2	Less: Accumulated Depreciation	$70,147,136	$0	($70,147,136)	($1)
	Property, Plant and Equipment, Net	**$27,337,869**	**$0**	**($27,337,869)**	**-100%**
3	Construction in Progress	$0	$0	$0	0%
	Total Net Fixed Assets	**$27,337,869**	**$0**	**($27,337,869)**	**-100%**
	Total Assets	**$54,961,848**	**$0**	**($54,961,848)**	**-100%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				

JOHNSON MEMORIAL MEDICAL CENTER, INC.

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2016

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
1	Accounts Payable and Accrued Expenses	$12,652,911	$0	($12,652,911)	-100%
2	Salaries, Wages and Payroll Taxes	$2,677,952	$0	($2,677,952)	-100%
3	Due To Third Party Payers	$2,446,731	$0	($2,446,731)	-100%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$29,141,197	$0	($29,141,197)	-100%
6	Current Portion of Notes Payable	$838,274	$0	($838,274)	-100%
7	Other Current Liabilities	$11,243,011	$0	($11,243,011)	-100%
	Total Current Liabilities	**$59,000,076**	**$0**	**($59,000,076)**	**-100%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$4,572,057	$0	($4,572,057)	-100%
	Total Long Term Debt	**$4,572,057**	**$0**	**($4,572,057)**	**-100%**
3	Accrued Pension Liability	$0	$0	$0	0%
4	Other Long Term Liabilities	$4,932,692	$0	($4,932,692)	-100%
	Total Long Term Liabilities	**$9,504,749**	**$0**	**($9,504,749)**	**-100%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	($18,535,995)	$0	$18,535,995	-100%
2	Temporarily Restricted Net Assets	$553,275	$0	($553,275)	-100%
3	Permanently Restricted Net Assets	$4,439,743	$0	($4,439,743)	-100%
	Total Net Assets	**($13,542,977)**	**$0**	**$13,542,977**	**-100%**
	Total Liabilities and Net Assets	**$54,961,848**	**$0**	**($54,961,848)**	**-100%**

JOHNSON MEMORIAL MEDICAL CENTER, INC.					
TWELVE MONTHS ACTUAL FILING					
FISCAL YEAR 2016					
REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION					
(1)	(2)	(3)	(3)	(5)	(6)
		FY 2015	FY 2016	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	JAN - SEPT	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$206,688,056	$0	($206,688,056)	-100%
2	Less: Allowances	$113,763,631	$0	($113,763,631)	-100%
3	Less: Charity Care	$221,056	$0	($221,056)	-100%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$92,703,369**	**$0**	**($92,703,369)**	**-100%**
5	Provision for Bad Debts	$3,470,135	$0	($3,470,135)	-100%
	Net Patient Service Revenue less provision for bad debts	**$89,233,234**	**$0**	**($89,233,234)**	**-100%**
6	Other Operating Revenue	$1,190,422	$0	($1,190,422)	-100%
7	Net Assets Released from Restrictions	$36,593	$0	($36,593)	-100%
	Total Operating Revenue	**$90,460,249**	**$0**	**($90,460,249)**	**-100%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$40,500,652	$0	($40,500,652)	-100%
2	Fringe Benefits	$10,064,877	$0	($10,064,877)	-100%
3	Physicians Fees	$4,050,496	$0	($4,050,496)	-100%
4	Supplies and Drugs	$12,485,965	$0	($12,485,965)	-100%
5	Depreciation and Amortization	$2,419,144	$0	($2,419,144)	-100%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$1,503,067	$0	($1,503,067)	-100%
8	Malpractice Insurance Cost	$1,056,331	$0	($1,056,331)	-100%
9	Other Operating Expenses	$25,211,129	$0	($25,211,129)	-100%
	Total Operating Expenses	**$97,291,661**	**$0**	**($97,291,661)**	**-100%**
	Income/(Loss) From Operations	**($6,831,412)**	**$0**	**$6,831,412**	**-100%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$159,517	$0	($159,517)	-100%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$69,138	$0	($69,138)	-100%
	Total Non-Operating Revenue	**$228,655**	**$0**	**($228,655)**	**-100%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($6,602,757)**	**$0**	**$6,602,757**	**-100%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($6,602,757)**	**$0**	**$6,602,757**	**-100%**

JOHNSON MEMORIAL MEDICAL CENTER, INC.
CONSOLIDATED STATEMENT OF CASH FLOW

		Nine months ended September 30, 2016
Operating activities and non-operating income		
Deficiency of revenues over expenses	**$**	**(3,989,078)**
Adjustments to reconcile deficiency of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization		**2,481,154**
Bad debts		**3,183,064**
Increase in pension and other accrued expenses		**801,386**
Other changes in net assets		**96,063**
Change in working capital, other than cash and cash equivalents		**2,513,860**
Net cash provided by operating activities		**5,086,449**
Investing activities		
Purchase of property, plant and equipment, net		**(1,679,032)**
Decrease in long term investments		**269,872**
Increase in other assets		**(798,396)**
Net cash used in investing activities		**(2,207,556)**
Financing activities		
Principal payments on long-term debt		**(819,824)**
Net cash used in financing activities		**(819,824)**
Net increase in cash and cash equivalents		**2,059,069**
Cash and cash equivalents at beginning of period		**-**
Cash and cash equivalents at end of period	**$**	**2,059,069**

JOHNSON MEMORIAL MEDICAL CENTER, INC.
CONSOLIDATED STATEMENT OF CHANGES IN COMPONENTS OF WORKING CAPITAL OTHER THAN CASH AND CASH EQUIVALENTS

		Nine months ended September 30, 2016
Changes in current assets:		
Assets whose use is limited required for current liabilities	**$**	**208,225**
Accounts receivable--patients, net		**(13,228,768)**
Other current assets		**(3,413,454)**
Inventory of supplies		**63,398**
Prepaid expenses		**719,973**
		(15,650,626)
Changes in current liabilities:		
Accounts payable		**(4,509,604)**
Salary and wages, payroll taxes and amounts withheld from employees		**1,886,309**
Due to affiliates		**22,551,291**
Other current liabilities		**(573,651)**
Due to third party reimbursement agencies		**(1,189,859)**
		18,164,486
Changes in working capital other than cash and cash equivalents	**$**	**2,513,860**

Attachment B

JOHNSON MEMORIAL HOSPITAL
CONSOLIDATED STATEMENT OF CASH FLOW

		September 30 2016
Operating activities and non-operating income		
Deficiency of revenues over expenses	**$**	**(3,473,942)**
Adjustments to reconcile deficiency of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization		**2,839,922**
Bad debts		**2,385,036**
Decrease in pension and other accrued expenses		**(1,889,312)**
Other changes in net assets		**(160,459)**
Change in working capital, other than cash and cash equivalents		**5,287,169**
Net cash provided by operating activities		**4,988,414**
Investing activities		
Purchase of property, plant and equipment, net		**(2,002,371)**
Decrease in long term investments		**269,872**
Decrease in other assets		**(805,530)**
Net cash used in investing activities		**(2,538,029)**
Financing activities		
Principal payments on long-term debt		**(754,213)**
Net cash used in financing activities		**(754,213)**
Net increase in cash and cash equivalents		**1,696,172**
Cash and cash equivalents at beginning of period		**-**
Cash and cash equivalents at end of period	**$**	**1,696,172**

JOHNSON MEMORIAL MEDICAL CENTER, INC.
CONSOLIDATED STATEMENT OF CHANGES IN COMPONENTS OF WORKING CAPITAL OTHER THAN CASH AND CASH EQUIVALENTS

		September 30 2016
Assets whose use is limited required for current liabilities	**$**	**208,225**
Accounts receivable--patients, net		**(11,271,174)**
Other current assets		**(3,309,083)**
Inventory of supplies		**63,398**
Prepaid expenses		**694,257**
		(13,614,377)
Changes in current liabilities:		
Accounts payable		**(4,954,229)**
Salary and wages, payroll taxes and amounts withheld from employees		**1,658,036**
Due to affiliates		**23,268,975**
Other current liabilities		**98,693**
Due to third party reimbursement agencies		**(1,169,929)**
		18,901,546
Changes in working capital other than cash and cash equivalents	**$**	**5,287,169**

Attachment C

Johnson Memorial Hospital

Monthly Financial Measurement/Indicators	Sept 16 YTD*	Sept 15 YTD	Comments
A. Operating Performance:			
Operating Margin	(6.8%)	(6.4%)	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	(0.4%)	(2.2%)	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	2.3%	1.8%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	0.8	0.4	current assets/current liabilites
Days Cash on Hand	9.6	8.9	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD
Days in Net Accounts Receivables	100.8	53.3	net ar/net patient ser rev/days in yr
Average Payment Period	183.7	191.7	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	(399.0%)	410.1%	total debt/total equity(net assets)
Long-term Debt to Capitalization	135.5%	51.9%	LTD/LTD+net assets
Unrestricted Cash to Debt	7.6%	9.6%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	(4.0)	(3.3)	EBIT/Interest expense
Debt Service Coverage Ratio	(0.12)	(0.11)	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	(11.3%)	8.1%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations**	$ (3,227)	$ (4,238)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ (3,474)	$ (4,009)	Net gain(loss)
EBIDA	$ (195)	$ (1,458)	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 1,696	$ 1,676	from bs
Net Working Capital	$ (7,781)	$ (21,374)	current assets-current liabilities
Unrestricted Assets	$ (6,169)	$ (499)	from bs

*1/1/-9/30/16

Attachment C

Johnson Memorial Medical Center, Inc.

Monthly Financial Measurement/Indicators		Sept 16 YTD*		Sept 15 YTD	Comments
A. Operating Performance:					
Operating Margin		(7.4%)		(7.6%)	operating income/operating revenues
Non-Operating Margin		NA		NA	
Total Margin		(1.2%)		(3.2%)	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue		2.5%		1.7%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:					
Current Ratio		0.8		0.30	current assets/current liabilites
Days Cash on Hand		10.8		6.9	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables		106.2		50.1	net ar/net patient ser rev/days in yr
Average Payment Period		175.0		227.0	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:					
Long-term Debt to Equity		3117.9%		(255.1%)	total debt/total equity(net assets)
Long-term Debt to Capitalization		96.8%		(51.0%)	LTD/LTD+net assets
Unrestricted Cash to Debt		9.2%		5.2%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio		(4.8)		(3.5)	EBIT/Interest expense
Debt Service Coverage Ratio		(0.4)		(0.1)	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio		1.3%		-24.6%	Net assets/total assets
D. Additional Statistics (in thousands)					
Income(Loss) from Operations	$	(3,744)	$	(6,831)	Net income(loss) from operations
Revenue Over/(Under) Expense	$	(3,989)	$	(6,603)	Net gain(loss)
EBIDA	$	(617)	$	(2,909)	based on net income(loss) from operations
Patient Cash Collected		NA		NA	
Cash and Cash Equivalents	$	2,059	$	1,806	from bs
Net Working Capital	$	(5,887)	$	(41,006)	current assets-current liabilities
Unrestricted Assets	$	84	$	(18,536)	from bs

*1/1-9/30/16

Olejarz, Barbara

From: Cotto, Carmen
Sent: Monday, February 06, 2017 10:22 AM
To: Olejarz, Barbara
Cc: Roberts, Karen
Subject: FW: Compliance Follow up issues for TH-NE (DN:15-31979), Johnson (DN:15-32002) and ST Mary's (DN:15-32045)

Hi Barbara,

Please add the email below in the paper/pdf file for the following docket number's record: TH-NE (DN:15-31979), Johnson (DN:15-32002) and ST Mary's (DN:15-32045).

Thanks,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov



www.ct.gov/dph

From: Cotto, Carmen
Sent: Thursday, February 02, 2017 4:23 PM
To: Capone, Claudio (Claudio.Capone@TrinityHealth-NE.org)
Cc: Roberts, Karen
Subject: Compliance Follow up issues for TH-NE (DN:15-31979), Johnson (DN:15-32002) and ST Mary's (DN:15-32045)

Hi Claudio,

Below you will see some compliance follow up questions or issues for the Applicants to address.

Please note that this email is a follow up to your compliance submissions, for TH-NE (DN:15-31979), Johnson (DN:15-32002) and ST Mary's (DN:15-32045), on December 1, 2016 and that the separate issue related to the coordination of future filings due dates for the three Dockets will be discussed at a future time.

Please submit your responses via electronic mail by using the OHCA general email inbox which is OHCA@ct.gov. In addition, please continue to reference the CON docket number in the subject line of the email when transmitting.

You can contact me at (860) 418-7039 or Karen Roberts, Principal Health Analyst at (860) 418-7041, if you have any questions regarding this request.

Thanks,
Carmen

For Trinity Health-New England (TH-NE) (Docket#15-31979)

1. Condition#8 - Applicants provided the Hospital's Community Health Needs Assessment (CHNA) Implementation Strategy Plan. In reference to this plan, provide a narrative describing how the plan will address the community health needs listed on its CHNA.

2. Condition#14 - Applicants provided a written report that describes the culturally and linguistically appropriate services that are currently in place at the Hospital. In reference to this report, indicate how the Hospital utilized the standards published by the U.S. Department of Health and Human Services' Office of Minority Health as guidance for the development of the report.

For Johnson Memorial (Docket#15-32002)

3. Condition#8 - Provide Johnson Memorial's CHNA Implementation Strategy Plan and a narrative describing how the plan will address the community health needs listed on its CHNA. If not available, indicate when it will be available.

4. Condition#10 - Explain the zero amounts submitted as part of the Balance Sheet and Statement of Operations for the 1/1/16 to 9/30/16 period and resubmit the documents to include the missing data.

5. Condition#14 - Applicants did not provide a written report describing activities meeting culturally and linguistically appropriate services at the Johnson Memorial Hospital. Provide the missing report and indicate how the standards published by the U.S. Department of Health and Human Services' Office of Minority Health were used as guidance for the development of the report.

For Saint Mary's Hospital (Docket#15-32045)

6. Condition#4 - Elaborate on how Saint Mary's Hospital utilized the Healthy Connecticut State Health Improvement Plan data and priorities, as well as any applicable community health improvement plan issued by local health departments in the service area, as the starting point for the development of the Hospital's CHNA.

7. Condition#14 - Provide the status of the Community Representative selected to serve as a voting member of the Hospital's Board of Directors. Provide a narrative describing the selection process.

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov



www.ct.gov/dph

User, OHCA

From: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Sent: Thursday, March 09, 2017 11:35 PM
To: User, OHCA; Cotto, Carmen
Cc: Janeanne C. Lubin-Szafranski; Schneider, Jennifer
Subject: TH-NE Responses to Conditions for CONs 15_32045 15_31979 15_32002
Attachments: Responses to Conditions 15_32045 15_31979 15_32002.pdf

Hello Carmen,

In response to your February 2, 2017 email titled, " Compliance Follow up issues for TH-NE (DN:15-31979), Johnson (DN:15-32002) and ST Mary's (DN:15-32045)," attached are Trinity Health - New England's responses.

Please feel free to contact me with any questions you may have.

Regards,

Claudio A. Capone, FACHE
Regional VP of Strategic Planning and Business Development
Trinity Health - New England

claudio.capone@trinityhealth-ne.org
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Trinity Health
New England

Carmen Cotto
Office of Health Care Access
Connecticut Department of Public Health
410 Capital Avenue
MS#13HCA
P.O Box 340308
Hartford, CT 06134-0308

March 9, 2017

RE: Docket Number: 15-32045-CON Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health-New England; Docket Number 15-31979-CON for Trinity Health – New England; Docket Number 15-32002-CON for Johnson Memorial

Dear Ms. Cotto:

In accordance with the TH-NE compliance follow up questions for the above CONs, enclosed is responses for each of the conditions noted.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

For Trinity Health-New England (TH-NE) (Docket#15-31979)

1. **Condition#8 - Applicants provided the Hospital's Community Health Needs Assessment (CHNA) Implementation Strategy Plan. In reference to this plan, provide a narrative describing how the plan will address the community health needs listed on its CHNA.**

   The CHNA conducted in 2016 identified 5 significant health needs within the Greater Hartford community. Those needs were then prioritized based on a Community Conversation Meeting that took place on September 13, 2016. The 5 significant health needs identified in the Community Conversation Meeting included: Community Safety & Violence, Housing Insecurity, Family & Social Support, Employment & Poverty, Access to Care.

   In addition to findings from the Community Conversations, the quantitative CHNA data identified other areas of need within the Hartford community and beyond. High rates of obesity, diabetes and heart disease are of concern for both residents and health professionals; tobacco use rates in Hartford are higher than national averages and are similar in adult and youth populations; concerns about access to healthcare are particularly acute for those in need of behavioral health services. And finally for the city of Hartford in particular the issues of unstable housing; violence; employment and education were all identified as significant needs.

   - **See Attachment 1** for the Implementation Strategy for Saint Francis Hospital and Medical Center
   - **See Attachment 2** for the Implementation Strategy for Mount Sinai Rehabilitation Hospital

2. **Condition#14 - Applicants provided a written report that describes the culturally and linguistically appropriate services that are currently in place at the Hospital. In reference to this report, indicate how the Hospital utilized the standards published by the U.S. Department of Health and Human Services' Office of Minority Health as guidance for the development of the report.**

   The Curtis D. Robinson Center for Health Equity was given the work of developing a comprehensive Language Services Program. In the last two years, phase I of the program has successfully been implemented around Saint Francis Medical Center, the Mount Sinai campus and our various off-site locations. The services include language

interpretation and translation of documents to assist patients who are deaf or hard of hearing, have a speech disability or have limited English skills. These resources are referred to as the 3 +1 Options and include telephone-based interpreting, video remote interpreting (VRI-MARTTI), in-person interpreting/ ASL or CDI and written translation of vital and non-vital documents. Each department on both campuses is equipped with dual handset phones for telephonic interpretation and there are 40 Video Remote Interpreter (VRI) - Martti carts on site on both campuses that are readily used by staff for patients and their companions. Off-site St. Francis Care physicians and non-St. Francis Care physician offices and affiliates who are on site also have access to language resources.

In addition to the already established Language Services Program, phase II of the program, the Qualified Medical Interpreter training, began shortly after. The training entails identifying qualified bi-lingual/multilingual staff to become Qualified Medical Interpreters. Thus far, there have been 4 cohorts to complete this training and a total of 30 staff members to successfully complete and pass the course. To partake in this training, each staff had to successfully pass the language proficiency assessment administered by Interpreters and Translators, Inc., (iTi), and complete the 40 hour in person training offered once a week for 5 weeks on-site at the Center for Health Equity. The training includes content such as the foundation of the profession of community interpreting, the code of ethics and standards of practice, culture and mediation and guides interpreters on how to intervene when a communication barrier arrives.

Most recently, based on OCR's Section 1557, all language service notices and signage were updated to include the top 15 Non-English Spoken languages indicating to all patients that language resources were available to them at no cost. As for the current state of the program, there are on-going in-person educational trainings for all medical staff, volunteers, learners and contractors. A newly revised annual health stream training for all current employees and new employees is available and there has been an update and enhancement of Martti software and distribution system. The medical interpreter training for qualified staff will continue as well bi-annually.

For Johnson Memorial (Docket#15-32002)

3. **Condition#8 - Provide Johnson Memorial's CHNA Implementation Strategy Plan and a narrative describing how the plan will address the community health needs listed on its CHNA. If not available, indicate when it will be available.**

The CHNA conducted in 2016 identified significant health needs within the JMH community. Those needs were then prioritized based on a Community Conversation and focus groups with key stakeholders held during 2016. Significant health needs identified, in order of priority include: Healthy Behavior Change Diet & Exercise, Substance Abuse & Tobacco Use, Access to health care, and Poverty & Employment.

- **See Attachment 3** for the Implementation Strategy for Johnson Memorial

4. **<u>Condition#10</u> - Explain the zero amounts submitted as part of the Balance Sheet and Statement of Operations for the 1/1/16 to 9/30/16 period and resubmit the documents to include the missing data.**

   Please reference the response for the above condition in the email submission from Mary Lou Rosadini on February 13, 2017.

5. **<u>Condition#14</u> - Applicants did not provide a written report describing activities meeting culturally and linguistically appropriate services at the Johnson Memorial Hospital. Provide the missing report and indicate how the standards published by the U.S. Department of Health and Human Services' Office of Minority Health were used as guidance for the development of the report.**

   Johnson Memorial Hospital has adopted the work done at Saint Francis Hospital and Medical Center as it relates to linguistically appropriate services. The Curtis D. Robinson Center for Health Equity was given the work of developing a comprehensive Language Services Program. In the last two years, Phase I of the program has successfully been implemented at Johnson Memorial Hospital and its off-site locations. The services include language interpretation and translation of documents to assist patients who are deaf or hard of hearing, have a speech disability or have limited English skills. These resources are referred to as the 3 +1 Options and include telephone-based interpreting, video remote interpreting (VRI-MARTTI), in-person interpreting/ ASL or CDI and written translation of vital and non-vital documents. Each department on both campuses is equipped with dual handset phones for telephonic interpretation and there are 40 Video Remote Interpreter (VRI) - Martti carts on site on both campuses that are readily used by staff for patients and their companions. Off-site Johnson Memorial Hospital physicians and non- Johnson Memorial Hospital physician offices and affiliates who are on site also have access to language resources.

   Most recently, based on OCR's Section 1557, all language service notices and signage were updated to include the top 15 Non-English Spoken languages indicating to all

patients that language resources were available to them at no cost. As for the current state of the program, there are on-going in-person educational trainings for all medical staff, volunteers, learners and contractors. A newly revised annual health stream training for all current employees and new employees is available and there has been an update and enhancement of Martti software and distribution system. The medical interpreter training for qualified staff will continue as well bi-annually. There is an annual review of language access needs of the patient population served by Johnson Memorial Hospital.

For Saint Mary's Hospital (Docket#15-32045)

6. **Condition#4 - Elaborate on how Saint Mary's Hospital utilized the Healthy Connecticut State Health Improvement Plan data and priorities, as well as any applicable community health improvement plan issued by local health departments in the service area, as the starting point for the development of the Hospital's CHNA.**

   In collaboration with the Greater Waterbury Health Improvement Partnership (GWHIP), Saint Mary's Hospital along with five additional organizations, including the City of Waterbury Health Department utilized the Healthy Connecticut State Health Improvement Plan (2014). The data and priorities within the Healthy Connecticut State Health Improvement Plan were observed and the roadmap to complete the stated initiatives were noted throughout the community-wide coalition. In addition, the Greater Waterbury Health Improvement Partnership used the data to ensure that the service areas that are included within the 2016 Community Health Needs Assessment will benefit and see successful results in advancing Connecticut's population health. With the seven focus areas that were touched on in the Healthy Connecticut State Health Improvement Plan, the Greater Waterbury Health Improvement Partnership plans to address the following five which all fall into the addressed priorities of the state including: Access to Care, Mental Health/Substance Abuse, Chronic Disease, Tobacco Use and Asthma, and Health Communications. It should be noted that Saint Mary's Hospital 2016 Community Health Needs Assessment Implementation Plan was filed publicly on Wednesday, February 15, 2017 and shows the direct alignment with the Healthy Connecticut State Health Improvement Plan.

   - **See Attachment 4** for the Saint Mary's Hospital 2016 Community Health Needs Assessment Implementation Plan

7. **<u>Condition#14</u> - Provide the status of the Community Representative selected to serve as a voting member of the Hospital's Board of Directors. Provide a narrative describing the selection process.**

   As required in the Agreed Settlement, the Saint Mary's Hospital Board Chair, and the President, consulted Waterbury Mayor Neil O'Leary in August 2016 regarding the appointment of a community representative to serve as a voting member of the Saint Mary's Hospital Board. The Mayor recommended Attorney Linda Wihbey, Corporation Counsel for the City of Waterbury, as a person who will effectively and without bias, consider matters affecting quality and safety, and the health needs of the local community. Attorney Whibey's appointment was approved by the Saint Mary's and the Trinity Health-New England boards in September 2016.

ATTACHMENT 1

Saint Francis Hospital and Medical Center
Community Health Needs Assessment Implementation Strategy
2016 - 2019

Saint Francis Hospital and Medical Center (SFHMC) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on June 22, 2016. SFHMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community members, and various community organizations.

The complete CHNA report is available electronically at http://www.saintfranciscare.com/About_Us/Hospital_Publications.aspx or printed copies are available by emailing: plarivie@stfranciscare.org

Hospital Information and Mission Statement

MISSION
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

- **Reverence:**
  We honor the sacredness and dignity of every person.
- **Commitment to Those who are Poor:**
  We stand with and serve those who are poor, especially those most vulnerable.
- **Justice:**
  We foster right relationships to promote the common well, including sustainability of Earth.
- **Stewardship:**
  We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity:**
  We are faithful to who we say we are.

Saint Francis Hospital and Medical Center's service area comprises urban, suburban, and rural communities that together form a rich mixture of highly diverse races and ethnicities, and a wide range of socioeconomic categories.

Its primary service area includes 25 towns and corresponds largely with the greater Hartford region. The Hospital's secondary service area includes 28 towns largely to the west and south of the primary service area. These towns are more rural, and their needs are very different than those of the city of Hartford, which has more than three times as many patients discharged from Saint Francis than any other municipality.

A comparison of population density, household income, and median age reveal that these communities are anything but uniform, and the resources for addressing concerns and needs of their residents differ as well. Yet, many of the health issues they face are similar; obesity, diabetes, heart disease, and behavioral health were all mentioned by the leaders of health districts who serve these towns.

Hartford's population of 125,000 is composed of all races and myriad ethnicities. Some 44 percent of its citizens are Hispanic/Latino and 35 percent Black/African American, with subgroups that include refugees and immigrants

from Africa, Eastern Europe, the Middle East, Asia, South America, and the West Indies. Additionally, 22 percent of the total population in Hartford is foreign born, bringing a tremendous diversity to the city.

The city is proportionately younger than the rest of the state as well as the country; over 25 percent of its residents are under age 17 and only 9 percent are over age 65, compared to 22 percent and 15 percent respectively for the state as a whole. This affects age-related health issues, such as some forms of cancer, violence, and accidental injury.

Hartford is a city of vibrant neighborhoods – 17 distinct neighborhoods, to be exact – with a variety of housing stock ranging from high-rise downtown luxury apartments and condos to historic houses to single-family homes and a variety of rental options. The city's many neighborhoods are supported by a roster of community organizations that focus on issues, such as economic development, housing, and assimilation of new immigrants, education, and historic preservation.

Health Needs of the Community

The CHNA conducted in 2016 identified 5 significant health needs within the Greater Hartford community. Those needs were then prioritized based on a Community Conversation Meeting that took place on September 13th. The 5 significant health needs identified in the Community Conversation Meeting included:

Community Safety & Violence	• Ranked as the highest priority at the Community Conversation Meeting • 54% of Hartford residents said it was not safe to walk in their neighborhood
Housing Insecurity	• Home ownership is only 26% in Hartford • 32% of renters are subsidized
Family & Social Support	• 59% of residents said they "do not trust neighbors" • Limited support for positive health behaviors
Employment & Poverty	• Only 59% of Hartford residents are regularly employed • 79% of Hartford household are below adequate income levels
Access to Care	• 50% of residents are worried about the cost of care • 23% of residents don't have a regular doctor

In addition to findings from the Community Conversation, the quantitative CHNA data identified other areas of need within the Hartford community and beyond. High rates of obesity, diabetes and heart disease are of concern for both residents and health professionals; tobacco use rates in Hartford are higher than national averages and are similar in adult and youth populations; concerns about access to healthcare are particularly acute for those in need of behavioral health services. And finally for the city of Hartford in particular the issues of unstable housing; violence; employment and education were all identified as significant needs.

Hospital Implementation Strategy

Saint Francis Hospital and Medical Center's resources, mission, goals, strategic priorities and the significant health needs identified through the most recent CHNA process were all considered during the development of the hospital's Implementation Strategy. The Hospital's Well Being 360 (WB360) project, which was selected to be part of Trinity Health's national Transforming Communities Initiative, combines resources from the hospital, community groups, state and local government departments, and national resources to create a collaborative approach to improving the health of the community.

The WB360 project will address identified health needs by:

- Engaging in an **anchor institution** approach designed to impact high-need neighborhoods in Hartford's North End by addressing social determinants of health.

- Encouraging health behavior change through the support of evidence-based programs in the areas of **diet, exercise** and support for changes in **tobacco policy.**

- Testing a model of clinical care that integrates the healthcare delivery system with social support programs, with a specific focus on **behavioral health.**

- Transforming the physical environment through support of local partner agencies working to improve **housing, neighborhood safety** and opportunities for **physical activity.**

Transforming Communities - Well Being 360
The Implementation Strategy to be executed by SFHMC is called the Well Being 360 and includes an investment from the hospital as well as leveraged resources from the Trinity Health system and community partnering agencies. The work will include the development of a coalition with the goal of bringing all of the varied resources to the table for collective impact approaches to address the social determinants of health that are so significant in the city's poorest neighborhoods. The work will involve community investments based on a set of principles agreed upon by the WB360 Steering Committee. Well Being 360 investments will be made based on:

1. Alignment with CHNA identified needs and health system priorities;
2. Strong evidence of effectiveness in achieving targeted outcomes;
3. Capacity to implement solutions and build coalition with community partners and residents;
4. Value of the investment (impact per dollar invested) in achieving short-term and longer-term outcomes; and
5. Sustainability of solution after initial investment.

Significant Health Needs That Will Not be Addressed:
SFHMC acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. SFHMC will not take action on the following health needs:

- Housing Insecurity
  The Partnership for Stronger Communities has done significant work in the area of homelessness prevention and is taking the lead on this community health issue. We will collaborate with them on this work but expect to serve in a supportive role.

- Employment and Poverty:
  The health collaborative being developed by our partner Community Solutions in the North End of Hartford will serve as the leader for this work.

- Sexual Activity:
  The City of Hartford has a strong program in this area and this issue was rated as a low priority in our Community Conversation.

- Air and Water Quality:
  Although these were mentioned by community members as a concern, the City of Harford and its partner agencies are focused on this work.

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending in September of 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Community Safety and Violence		
CHNA REFERENCE PAGE:	P. 23	**PRIORITIZATION #:** 1	
BRIEF DESCRIPTION OF NEED: Excessive violence, concerns for safety in neighborhoods, and lack of opportunities for diversion.			
GOAL: Create partnerships with four local organizations to increase diversionary options for youth and improve the physical environment to promote safety.			
OBJECTIVE: Work with local community agencies and develop a work group on violence prevention.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: 1. Develop a coalition work group focused on violence prevention. 2. Provide monetary support to community agencies. 3. Identify best practices for small cities.			
ANTICIPATED IMPACT OF THESE ACTIONS: 1. Stronger collaborative relationships. 2. Strengthened community agencies focused on violence prevention. 3. By next survey, increased feelings of safety.			
PLAN TO EVALUATE THE IMPACT: DataHaven Survey – Comparison of 2019 and 2016. Community Conversations			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Coalition Leadership Monetary Support of Partners.			
COLLABORATIVE PARTNERS: Hartford Communities That Care Community Solutions Peace Builders			

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Family and Social Support (Healthy Behaviors - Diet & Exercise)		
CHNA REFERENCE PAGE:	20	**PRIORITIZATION #:** 2a	

BRIEF DESCRIPTION OF NEED:

High rates of Obesity, Diabetes and Heart Disease are impacted significantly by behaviors. In Hartford, the Obesity rate is 33% and those impacted by diabetes in a survey completed by the CDRCHE included 68% of participants.

GOAL:
Provide easily accessible programs that focus on healthy eating and active living behaviors that result in positive health changes.

OBJECTIVE:
Engage 120 participants in the first year of the programs and establish and on-going, sustainable process for providing the programs to those residents with the highest need.

Collaborate with the Complete Streets Committee to move forward on changes to the environment that encourage physical activity.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Identify appropriate partners to provide the programs in community settings.
Develop a referral system to identify high need patients and provide high quality actionable referrals.
Invest in programs to they can be provide free of charge to patients and residents in need of these support services.

ANTICIPATED IMPACT OF THESE ACTIONS:
Better relationships with program participants.
Increase knowledge and healthy behaviors for those who complete the programs.
Improved long term health outcomes.

PLAN TO EVALUATE THE IMPACT:
Pre and post-test screening of knowledge and behavior.
Development of Patient Advisory Board to support on-going engagement.
In year 3 - Review of health records for up to 10% of program participants.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Well Being 360 Investment
In-Kind support for data collection and program evaluation.

COLLABORATIVE PARTNERS:
YMCA - Diabetes Prevention Program
Live Well – Diabetes Prevention Program
Cooking Matters – Food Access and Budgeting Program
City of Hartford Complete Streets Committee

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Family and Social Support (Resources for Tobacco Use)		
CHNA REFERENCE PAGE:	21	**PRIORITIZATION** #: 2b	
BRIEF DESCRIPTION OF NEED: Tobacco Use in Connecticut is at 16%, well above the Healthy People 2020 goal of 12%. Rates among Connecticut youth are similar to adults, which highlight an opportunity to have an impact on health outcomes.			
GOAL: Make changes to tobacco policy at the state and local level to support tobacco cessation. Focus on youth smoking rates			
OBJECTIVE: Collaborate with a statewide coalition to encourage tobacco use cessation. Develop relationships with clinical leaders to improve tobacco screening and referral.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: Identify local resources for patients and others to access. Engage youth and others in messaging about tobacco cessation.			
ANTICIPATED IMPACT OF THESE ACTIONS: Change in legislation that makes it harder to market e-cigarettes. Improved messaging on campus about the prohibition of tobacco products of all kinds including e-cigarettes. Decreased uptake of smoking among young adults.			
PLAN TO EVALUATE THE IMPACT: Review legislative accomplishments for the past 12 months. Identify signage changes regarding tobacco free campus. Examine rates of smoking in young adults.			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Well Being 360 Investment Changes in campus wide signage			
COLLABORATIVE PARTNERS: MATCH Coalition Regional Health Ministry Sites: Johnson Memorial; Mount Sinai; Saint Mary's; Mercy Medical Center			

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	SFHMC		
CHNA SIGNIFICANT HEALTH NEED:	Access to Healthcare (Focus on Behavioral Health)		
CHNA REFERENCE PAGE:	23	**PRIORITIZATION #:** 3	
BRIEF DESCRIPTION OF NEED: Access to behavioral health services is limited for patients on Medicaid and over 40 of survey respondents said they feel down sometimes or often. According to the report, My Brothers Keeper 06120, trauma and behavioral health impact academic performance; criminal behavior; ability to develop trusting relationships; employment and drug use.			
GOAL: Develop and pilot an electronic referral system embedded in the EMR that enables providers to make referrals and monitor follow through.			
OBJECTIVE: Enroll 300 patients in the program and monitor the delivery of support services to those referred.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: Partner with community agency to develop the project. Collaborate with home care agencies who provide in home clinical and social support services. Monitor outcomes of the project to determine feasibility of large scale implementation.			
ANTICIPATED IMPACT OF THESE ACTIONS: Improved satisfaction for patients enrolled in the project. Decreased need for urgent care services. Increased stability in patient's lives.			
PLAN TO EVALUATE THE IMPACT: Survey of patient satisfaction. Monitor use of ED services. Interview sample of patients about quality of life changes.			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Coordination of project activities in safety net clinics. Collaboration with partner agencies in meetings; problem solving and monitoring of program outcomes. Support for grant funding applications.			
COLLABORATIVE PARTNERS: Community Solutions Ambulatory Care Clinic Home Care Agency (yet to be identified) Intercommunity; Wheeler Clinic			

Adoption of Implementation Strategy

On 1-20-17 the Mission Committee of the Board of Directors for Saint Francis Hospital & Medical Center met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. Upon review, the Mission Committee recommends approval by the full Board of Directors at their next meeting of this Implementation Strategy and the related budget.

Name & Title SVP Mission Integration Trinity Health - New England

01/25/2017
Date

ATTACHMENT 2

Mount Sinai Rehabilitation Hospital
Community Health Needs Assessment Implementation Strategy
2016 - 2019

Mount Sinai Hospital (MSRH) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on September 30, 2016. SFHMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from community members, and various community organizations.

The complete CHNA report is available electronically at http://www.saintfranciscare.com/About_Us/Hospital_Publications.aspx or printed copies are available by emailing: plarivie@stfranciscare.org

Hospital Information and Mission Statement

MISSION
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

- **Reverence**:
  We honor the sacredness and dignity of every person.

- **Commitment to Those who are Poor:**
  We stand with and serve those who are poor, especially those most vulnerable.

- **Justice:**
  We foster right relationships to promote the common well, including sustainability of Earth.

- **Stewardship:**
  We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

- **Integrity:**
  We are faithful to who we say we are.

Mount Sinai Rehabilitation Hospital's service area comprises urban, suburban, and rural communities that together form a rich mixture of highly diverse races and ethnicities, and a wide range of socioeconomic categories. Most patients seen have disabilities; spinal cord injuries; brain injuries; and complications due to stroke. Stroke is the most common reason for hospitalization and risk factors include diabetes, obesity and smoking; all of which were identified in the CHNA as priorities. Additionally, patients with Multiple Sclerosis and other neurological diseases are frequently served by Mount Sinai Rehabilitation Hospital. Trauma due to gunshots, violence, motor vehicle accidents and other accidents are also common; as are amputees who suffer with diabetes. Mount Sinai serves to treat the consequences of these conditions with primary treatment and engages in secondary prevention through education, community outreach and programs to reduce incidence.

Mount Sinai serves the entire State of Connecticut. Its primary service area includes 25 towns and corresponds largely with the greater Hartford region. The Hospital's secondary service area includes 28 towns largely to the west and south of the primary service area.

Hartford's population of 125,000 is composed of all races and myriad ethnicities. Some 44 percent of its citizens are Hispanic/Latino and 35 percent Black/African American, with subgroups that include refugees and immigrants from Africa, Eastern Europe, the Middle East, Asia, South America, and the West Indies. Additionally, 22 percent of the total population in Hartford is foreign born, bringing a tremendous diversity to the city. The city is proportionately younger than the rest of the state as well as the country; over 25 percent of its residents are under age 17 and only 9 percent are over age 65, compared to 22 percent and 15 percent respectively for the state as a whole. This affects age-related health issues, such as some forms of cancer, violence, and accidental injury. The MSRH has a special focus on veterans and on neurological illnesses especially multiple sclerosis

Health Needs of the Community

The CHNA conducted in 2016 identified 5 significant health needs within the Greater Hartford community. Those needs were then prioritized based on a Community Conversation Meeting that took place on September 13th. The 5 significant health needs identified in the Community Conversation Meeting included:

Community Safety & Violence	• Ranked as the highest priority at the Community Conversation Meeting • 54% of Hartford residents said it was not safe to walk in their neighborhood
Housing Insecurity	• Home ownership is only 26% in Hartford • 32% of renters are subsidized
Family & Social Support	• 59% of residents said they "do not trust neighbors" • Limited support for positive health behaviors
Employment & Poverty	• Only 59% of Hartford residents are regularly employed • 79% of Hartford household are below adequate income levels
Access to Care	• 50% of residents are worried about the cost of care • 23% of residents don't have a regular doctor

In addition to findings from the Community Conversation, the quantitative CHNA data identified other areas of need within the Hartford community and beyond. High rates of obesity, diabetes and heart disease are of concern for both residents and health professionals; tobacco use rates in Hartford are higher than national averages and are similar in adult and youth populations; concerns about access to healthcare are particularly acute for those in need of behavioral health services.

Hospital Implementation Strategy

Mount Sinai Rehabilitation Hospital's resources, mission, goals, strategic priorities and the significant health needs identified through the most recent CHNA process were all considered during the development of the hospital's Implementation Strategy.

The health priorities for the Mount Sinai Rehabilitation Hospital and the Mandell Center for Comprehensive Multiple Sclerosis Care include:

1. Access to comprehensive rehabilitation facilities (focus on Veterans)
2. Patient frustration with disjointed rehabilitation care
3. Lack of coordinated and comprehensive care for MS patients
4. Increased need for research to better understand MS treatment options

The Physical Medicine and Rehabilitation (PM&R) Service Line at Mount Sinai Rehabilitation Hospital strives to facilitate and enhance individual recovery, function, and optimal performance with an emphasis on those populations with impairments that either place them at risk or result in temporary and/or permanent disability.

It serves as a regional and national leader in the delivery of coordinated rehabilitation services providing;

2015

- Neurology
  - Neurologist 4 days/wk
  - PA Full time
  - Recruiting second neurologist
- Physiatry
- Urology
  - Urologist 1.5 days/wk
  - Urodynamics RN
  - Ultrasound tech
- Infusion Center
  - Infusion Nurse Full time
  - Per diem Infusion Nurses-2
  - Medical Assistant
- Case Management
- Skilled Therapy:
  - PT (3), OT (2), ST (1) –dedicated MS team
- Neuropsychology
- New Services
  - Pharmacy
  - Integrative Medicine(yoga, accupuncture)

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 – 2019			
HOSPITAL FACILITY:	Mount Sinai Rehabilitation Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Access to Rehabilitation Healthcare Services (focus on veterans)		
CHNA REFERENCE PAGE:	22	**PRIORITIZATION #:** 1	

BRIEF DESCRIPTION OF NEED:
Veterans are in need of support programs focusing on their unique set of needs.

GOAL:
Improve the resources, and increase the quality of the programs available for Veterans

OBJECTIVE:
Enhance the relationship with the Veterans Administration to provide high quality accessible rehabilitation services across the state to veterans in need of support.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
- Increase staff appropriately
- Establish referral coordinator program to facilitate proper patient transitions to MSRH
- Create educational/training programs

ANTICIPATED IMPACT OF THESE ACTIONS:
- Improve access of programs for Veterans
- Broaden array of resources
- Increase participation of Veterans in support programs

PLAN TO EVALUATE THE IMPACT:
- Patient Satisfaction Survey Responses
- Conversations with Veterans Administration Leadership
- Number of veterans participating in programs

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
- Staffing for Outreach to the Veteran population
- Leadership participation at board level or committees with a focus on Healthcare for Veterans
- Amputee Informational series
- Health & Fitness Initiatives through Outpatient Services
- Community Outreach Programs including: Adaptive Rowing; Golfers in Motion; and others.

COLLABORATIVE PARTNERS:
1. Quinnipiac University
2. Department of Veterans Affairs

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 – 2019			
HOSPITAL FACILITY:	Mount Sinai Rehabilitation Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Access to Rehabilitative Services (continuity of rehabilitation services)		
CHNA REFERENCE PAGE:	22	**PRIORITIZATION #:** 2	

BRIEF DESCRIPTION OF NEED:
Provide comprehensive rehabilitation services to those who suffer from brain injury, stroke, heart disease and other chronic illness.

GOAL:
Enhance efficiency in recovery, community reintegration and secondary prevention.

OBJECTIVE:
Improve long-term functional and health status and improve the likelihood of independent living and a high quality of life

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
- Education and Training for rehabilitation professionals, patients, and the community
- Research and clinical innovation to advance in the field of rehabilitation medicine
- Advocacy in partnerships to ensure the needs of those with disabilities are recognized, understood, and addressed by policy makers

ANTICIPATED IMPACT OF THESE ACTIONS:
- Reduce the likelihood of complications, relapse, and/or re-hospitalizations
- Halt or slow the progression of primary and secondary disabilities (maintain functioning and prevent further deterioration)

PLAN TO EVALUATE THE IMPACT:
- Monitor discharge, transfers and readmissions rates
- Report on capability to manage patient population
- Outline set of added services

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
- Powerful Tools For Caregivers
- Integrative Medicine- Acupuncture, massage on campus
- Monthly Stroke Survivors Support Group
- Spinal Cord injury Informational Series
- Community Outreach Programs including: Adaptive Rowing; Golfers in Motion and others

COLLABORATIVE PARTNERS:
- Acute Care Hospitals and Trauma Centers across the state
- Emergency Department staff
- CT State Department of Public Health
- Stoke Center at SFHMC

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 - 2019			
HOSPITAL FACILITY:	Mount Sinai Rehabilitation Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Access to Healthcare (rehabilitation services for patients with MS)		
CHNA REFERENCE PAGE:	22	**PRIORITIZATION #:** 3 & 4	

BRIEF DESCRIPTION OF NEED:
Provide comprehensive interdisciplinary care for those with Multiple Sclerosis to achieve optimal outcomes.

GOAL:
Become Center of Excellence for MS. Provide high quality state of the art care to those suffering from Multiple Sclerosis. Expand community access for our Center of Excellence for MS.

OBJECTIVE:
- Expand services area reach beyond current primary service area.
- Increase partners in order to address disjointed care
- Advocate at the payor and legislative level regarding access to services

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
- Enhance the coordination of MS Care
- Improve research portfolio and numbers of patients involved in trials
- Integrate State of the art technologies to enhance clinical outcomes

ANTICIPATED IMPACT OF THESE ACTIONS:
- Value driven rehabilitation care across the continuum
- Work with partners to ensure the needs of those with MS are addressed by policymakers

PLAN TO EVALUATE THE IMPACT:
- Measure the development of innovative interdisciplinary care programs
- Increase in portfolio of new technology, trials and robotics (hyperbaric chamber treatment)
- Improved research infrastructure

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
- C.A.R.P. Community Adaptive Rowing Program
- Golfers in Motion and other Physical Therapy Programs
- Men's MS Support Group
- Patient Led Support Group for individuals with MS
- MS International Symposium Patient Day (Education, Resources, support for individuals with MS, families & clinicians)
- MS center facilitated Education Seminars for Patients with MS/families related to DMT options

COLLABORATIVE PARTNERS:
1. Multiple Sclerosis Society
2. Research Support
3 Mandell Family Foundation

Adoption of Implementation Strategy

On 1-24-17 the Mission Committee of the Board of Directors for Mount Sinai Rehabilitation Hospital met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment Upon review, the Mission Committee recommends approval by the full Board of Directors at their next meeting of this this Implementation Strategy and the related budget

Howard Orr 1/25/17

Howard Orr
Mount Sinai Rehabilitation Hospital
Board Chairman

Date

ATTACHMENT 3

Trinity Health – New England
Johnson Memorial Hospital
Community Health Needs Assessment Implementation Strategy
Fiscal years 2016-2019

Johnson Memorial Hospital (JMH) completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 2-7-17. JMH performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at www.jmmc.com or printed copies are available from Patricia Lariviere plarivie@stfranciscare.org

Hospital Information and Mission Statement

Mission

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Our Core Values

Reverence
We honor the sacredness and dignity of every person.

Commitment to those who are poor
We stand with and serve those who are poor, especially those most vulnerable.

Justice
We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship
We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity
We are faithful to who we say we are.

Johnson Memorial Hospital is a 92-bed hospital located in Stafford Springs Connecticut that has been an anchor institution in north central Connecticut for 104 years. The Hospital moved from its original location on East Street in Stafford Springs to its present location on Chestnut Hill Road in 1975. During the 1980s, few health care organizations throughout the United States were branching out by creating subsidiaries, and Johnson Memorial Hospital (JMH) was one of the first to bring this type of business structure to Connecticut. Early in the decade, Johnson Health Care, Johnson Development Fund and Wellcare joined Johnson Memorial Hospital under the Johnson Memorial Corporation umbrella. Soon after, the

organization opened Connecticut's first free-standing, hospital-affiliated outpatient surgery center, Johnson Surgery Center. In the intervening years, Johnson has continued expanding services to meet the community's needs. In September 2010, JMH emerged from Chapter 11 as an independent, community-based health care provider as it had been for nearly a century. In July of 2012, JMH and Saint Francis *Care* signed an Affiliation Agreement, resulting in a mutually beneficial relationship that has provided the community with a sustainable, high quality healthcare resource. As a result, JMH has experienced improved operations by all measures of financial performance.

In 2016, Johnson Memorial Hospital and the other Johnson entities became part of Trinity Health - New England, an integrated health care delivery system that is a member of Trinity Health, Livonia, MI, one of the largest multi-institutional Catholic health care delivery systems in the nation. Today, Johnson Memorial Hospital and Home & Community Health Services provide a continuum of health care services to those living and working in north central Connecticut and western Massachusetts.

Health Needs of the Community

The CHNA conducted in 2016 identified significant health needs within the JMH community. Those needs were then prioritized based on a Community Conversation and focus groups with key stakeholders held during 2016. Significant health needs identified, in order of priority include:

Healthy Behavior Change: Diet & Exercise	• 66% of JMH survey respondents are either overweight or obese • High Blood Pressure is the leading cause of hospitalization.
Substance Abuse & Tobacco Use	• Opioid use had increased significantly • 16% of CT adult smoke and youth rates are similar
Access to health care.	• 23% of residents indicate postponing care due to access. • Of those 56% said that cost was a significant factor.
Poverty and Employment	• Although the population is educated, employment opportunities are limited. • 12% of residents indicated the need to participate in food pantries due to limited income for food.

Hospital Implementation Strategy

JMH resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

Significant health needs that will not be addressed

Johnson Memorial Hospital acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only

those health needs which it deemed most pressing, under-addressed, and within its ability to influence. JMH will not take action on the following community needs:

- **Poverty and lack of employment opportunities.**
- **Lack of public transportation resources.**

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 – 2019			
HOSPITAL FACILITY:	Johnson Memorial Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Support for Healthy Behavior Change: Diet & Exercise		
CHNA REFERENCE PAGE:	Pages 15,17,18	**PRIORITIZATION #:** 2	

BRIEF DESCRIPTION OF NEED:

High rates of Obesity, Diabetes and Heart Disease are impacted significantly by behaviors. In the JMH service area 66% of residents are either overweight or obese. And high blood pressure is the most common reason for hospitalization.

GOAL:
Provide easily accessible programs that focus on healthy eating and active living behaviors that result in positive health changes.

OBJECTIVE:
Engage 60 participants in the first year of the programs and establish and on-going, sustainable process for providing the programs to those residents with the highest need.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Identify appropriate partners to provide the programs in community settings.
Develop a referral system to identify high need patients and provide high quality actionable referrals.
Invest in programs so they can be provide free of charge to patients and residents in need of these support services.

ANTICIPATED IMPACT OF THESE ACTIONS:
Better relationships with program participants.
Increase knowledge and healthy behaviors for those who complete the programs.
Improved long term health outcomes.

PLAN TO EVALUATE THE IMPACT:
Pre and post-test screening of knowledge and behavior for program participants.
In year 3 - Review of health records for up to 10% of program participants.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
In-Kind support for data collection and program evaluation.

COLLABORATIVE PARTNERS:
American Heart Association
Diabetes Prevention Programs

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 – 2019			
HOSPITAL FACILITY:	Johnson Memorial Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Substance Abuse and Tobacco Use		
CHNA REFERENCE PAGE:	17	**PRIORITIZATION** #: 3	

BRIEF DESCRIPTION OF NEED:
Tobacco Use in Connecticut is at 16%, well above the Healthy People 2020 goal of 12%. Rates among Connecticut youth are similar to adults, which highlight an opportunity to have an impact on health outcomes.
Opioid use has increased significantly in the rural areas of the service area.

GOAL:
Make changes to tobacco policy at the state and local level to support tobacco cessation.
Engage programs that focus on youth smoking rates
Develop a set of substance abuse prevention and treatment resources.

OBJECTIVE:
Collaborate with a statewide coalition to encourage tobacco use cessation.
Develop relationships with clinical leaders to improve tobacco screening and referral.
Engage partners in development of resources for opioid abuse.

ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:
Identify local resources for patients and others to access.
Engage youth and others in messaging about tobacco cessation.

ANTICIPATED IMPACT OF THESE ACTIONS:
Change in legislation that makes it harder to market e-cigarettes.
Improved messaging on campus about the prohibition of tobacco products of all kinds including e-cigarettes.
Decreased uptake of smoking among young adults.
Identification and education of providers and others about resources to address substance abuse.

PLAN TO EVALUATE THE IMPACT:
Review legislative accomplishments for the past 12 months.
Identify signage changes regarding tobacco free campus.
Examine rates of smoking in young adults with Data Haven support.
Survey of providers and patients about knowledge of substance abuse resources.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:
Changes in campus wide signage
In-Kind support for resource identification

COLLABORATIVE PARTNERS:
MATCH Coalition
Regional Health Ministry Sites: Johnson Memorial; Mount Sinai; Saint Mary's; Mercy Medical Center

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2016 – 2019			
HOSPITAL FACILITY:	Johnson Memorial Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Access to Healthcare		
CHNA REFERENCE PAGE:	20	**PRIORITIZATION #: 1**	
BRIEF DESCRIPTION OF NEED: 23% of survey participants indicated they have postponed healthcare in the past 12 months because of limited access. The most common reason sited was cost with 56% of those who said the postponed care attributing cost to the reason for doing so.			
GOAL: Work to improve understanding of healthcare costs; improve enrollment in health insurance and decrease the numbers reporting that care is postponed due to access.			
OBJECTIVE: Enroll 100 patients in health insurance or programs or screen them for financial assistance for healthcare resources. Educate providers and patients about the resources available for those with limited income.			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: Partner with community agency to develop an outreach effort about health insurance resources and the importance of financial screening.			
ANTICIPATED IMPACT OF THESE ACTIONS: Improved satisfaction for patients and greater access to needed health resources. Increased stability in patient's lives.			
PLAN TO EVALUATE THE IMPACT: Survey of patient satisfaction. Measure of patient health insurance coverage.			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: Coordination of financial screening resources from Saint Francis with Johnson staff. Staffing of educational programs about health resources in the community.			
COLLABORATIVE PARTNERS: **Saint Francis Hospital** **Financial Aid Counselors** **ACCESS Health CT**			

Adoption of Implementation Strategy

On 2-7-17 the Board of Directors for Johnson Memorial Hospital met to discuss the 2016-2019 Implementation Strategy for addressing the community health needs identified in the 2016 Community Health Needs Assessment. The Board adopted the plan and related budget and designated the chairman of the board to sign the documents for approval.

Patrick Mahon, Chairman

2/15/17
Date

ATTACHMENT 4

Saint Mary's Hospital
Community Health Needs Assessment

Implementation Plan 2016

Saint Mary's HOSPITAL

Exceptional care. Every patient. Every day.

2016 Community Health Needs Assessment Implementation Plan

Following the 2016 Community Health Needs Assessment, Saint Mary's Hospital developed an Implementation Strategy to illustrate the hospital's specific programs and resources that support ongoing efforts to address the identified community health priorities. This work is supported by community-wide efforts and leadership from the executive team and board of directors at Saint Mary's Hospital. The goal statements, objectives and initiatives, and inventory of existing community assets and resources for each of the five priority areas are listed below.

I. Access to Care

Goal: Improve access to comprehensive, culturally competent, quality health services.

Objectives:

- Increase the proportion of patients with health insurance
- Increase the proportion of persons who have a specific source of ongoing care

Key Indicators

- Number of uninsured patients approved for health insurance programs
- Number of patients who report having a primary care provider
- Number of patients participating in the Children & Youth Medical Home Initiative

Existing Programs

Hospital-Based Access to Care Programs

- Saint Mary's has patient financial advocates who help patients qualify for insurance programs such as Medicaid. In 2016, these advocates assisted 1,558 individuals in obtaining insurance coverage.
- In January 2014, Saint Mary's began the insurance and cost estimate program was implemented. Patients, who request an estimate, now receive a document that estimates the cost of care.
- Saint Mary's has a patient tracking system for its Same Day Surgery department as of September 2013.
- Saint Mary's has a comprehensive communication strategy to promote primary care and urgent care through direct patient education, community health events and marketing communications such as search engine optimization, online appointment booking and digital media strategies.
- Saint Mary's promotes the use of a patient's electronic health record as a means of providing access to patient's health information including medications, providers and office visits.
- In October 2016, Saint Mary's installed signage in multiple languages that educates patients and visitors to use our language and interpretation services.
- Saint Mary's is a partner in the Waterbury Health Access Program which improves access to high-quality medical care for uninsured and underinsured residents of Greater Waterbury.
- Saint Mary's Family Health Center and Outpatient Behavioral Health Center provide services to patients who are uninsured, under-insured or have Medicaid. Thousands of patients receive services through these clinics.

Grant-Funded

- Saint Mary's has grant funding from the Connecticut Department of Public Health for The Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), which was formerly known as the Connecticut Cancer and Heart Disease Integrated Health Screening program (CHDIHS). This program provides screening for breast, cervical and colorectal cancer and if a cancer is diagnosed through the grant, funds are available for treatment.
- As one of five hospitals in the state of Connecticut, Saint Mary's received grant funding from the Connecticut Department of Public Health for the Children and Youth with Special Health Care Needs (CYSHCN). This program develops care plans and provides healthcare regardless of income for children and youth with chronic physical and/or behavioral issues not only to Saint Mary's practices but to the community as well.

Initiatives

- Explore further options of care using the PUMP Club model (see section III., Healthy Lifestyles) of direct-to-care access.
- Provide appropriate technology in hospital to enhance patient experience across multiple settings.
- Educate health care providers on resources (e.g., Malta House of Care, Waterbury Health Access Program) for uninsured/underinsured and low income patients and families.
- Explore further development of nurse navigator programs to improve access to primary care and behavioral health.
- Evaluate need for additional mobile screening vehicles in the Greater Waterbury market
- Continue to enhance Autism-friendly space and training for emergency department providers

II. Mental Health and Substance Abuse

Goal: Improve mental health and reduce substance abuse through awareness, access to services, and promoting positive environments.

Objectives:

- Increase mental health and substance abuse screening by primary care providers
- Increase number of points of access for referral to services

Key Indicators

- Number and percent of patients in the Emergency Department whose primary diagnosis is related to mental or behavioral health.
- Length of stay in ED for mental or behavioral health patients.
- Number of ED referrals for mental or behavioral health care services.
- Number of patients who utilize outpatient behavioral health services.

Existing Programs

- Saint Mary's has a twelve-bed inpatient psychiatric unit. In FY 15, 637 patients were discharged from the unit. The average length of stay in the unit is 6.5 days.
- Saint Mary's has an intensive outpatient behavioral health program. Approximately, 1,700 patients receive services through this program each year.
- Saint Mary's Emergency Department is a resource for patients with behavioral health needs. In 2015, 13,254 ED patients had a primary or secondary diagnosis related to behavioral health. These patients represent 18% of total visits (71,762). The average length of stay for behavioral health patients in 2015 the ED was 33 hours or 1.4 days.
- In 2016, Saint Mary's implemented Enhanced Recovery After Surgery (ERAS), a program designed to reduce or eliminate the use of narcotics in surgery.

Initiatives

- Spearhead efforts to create and organize a Community Care Team focused on high risk behavioral health patients with efforts from the Greater Waterbury Health Improvement Partnership.
- Complete construction of Behavioral Health unit in the Emergency Department to better meet patient needs.
- Continue to participate in the Connecticut Behavioral Health Partnership, which is organized through ValueOptions, Association of Ambulatory Behavioral Health, and the Mental Health Association of Connecticut.
- Increase education and percentage of narcotic-free surgeries completed at Saint Mary's Hospital.
- Continue to evaluate use of telemedicine for mental and behavioral health.

III. Healthy Lifestyles (Obesity, Heart Disease, and Diabetes)

Goal: Reduce chronic health disease through awareness and education.

Objectives:

- Enact process to collect data within Physician Network Organization on patient Body Mass Index (BMI) levels.

Key Indicators

- Number of patients with a Body Mass Index (BMI) screening.
- Number of patients with a calculated Body Mass Index (BMI) of overweight or obese that were referred to additional care.
- Number and percent of patients receiving inpatient and outpatient nutritional counseling.
- Number of children who receive meals through the Health Nutrition Grant.
- Number and percent of hospital meals that meet Sodexo's Mindful Meal Selection Program.
- Percent of healthy options placed in vending machines on hospital campus.

Existing Programs

Hospital-Based Healthy Lifestyles Programs

- Saint Mary's offers inpatient nutritional counseling and a significantly expanded outpatient nutritional counseling services that provide support groups and education.
- Saint Mary's has a bariatric program. Services offered through the program include monthly educational seminars, nutritional counseling, gastric bypass and gastric banding surgery, and support groups. In FY 2015, 131 patients had bariatric surgery.
- Saint Mary's has expanded and enhanced Cardiac Rehabilitation wellness program.
- Food services at Saint Mary's are provided by Sodexo. Sodexo offers a program titled Mindful by Sodexo that includes healthy and nutritious food options.
- Beginning in 2016, Saint Mary's now offers breastfeeding classes taught by a certified lactation consultant specifically for mothers returning to work.
- Saint Mary's was awarded a grant to pilot the American College of Cardiology Nurse Navigator Program in 2014. Since then, the pilot has expanded into the PUMP Club; this program provides patients with Congestive Heart Failure education and coordination of post-acute care services.
- In 2016, Saint Mary's Hospital achieved its Chest Pain Center Accreditation with Primary PCI and Resuscitation from the American College of Cardiology Accreditation Services (formerly Society of Cardiovascular Patient Care).
- In 2016, Saint Mary's added a new Diabetes and Endocrinology Center.

Grant-Funded

- Saint Mary's is also a grant recipient of the WISEWOMEN™ program which helps women understand and reduce their risk for heart disease and stroke by providing services and screenings to promote lasting heart healthy lifestyles.
- Saint Mary's Children's Development Center has a Bureau of Health Nutrition Grant to provide lunch and snacks for children who live in poverty. This grant is partially funded by the Department of Education.

Initiatives

- Evaluate ways to continue to improve meal choices and healthy vending options at the hospital.
- Enhance existing breast feeding policies and procedures through exploration of Baby Friendly designation.
- Continue to promote education about heart disease including preventions such as Early Heart Attack Care and Hands-Only CPR.
- Support the Waterbury Department of Public Health's food and nutrition programs (such as the Healthy Corner Stores Initiative Food Prescription Programs).
- Explore potential to facilitate training for and hosting of American Diabetes Association's Live Well with Diabetes within the hospital network.

IV. Tobacco Use and Asthma

Goal: Become a leader in expanding our role with tobacco control to reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. In addition, reduce the incidence and progression of asthma in the Greater Waterbury region.

Objectives:

- Following Connecticut Department of Public Health guidelines and Connecticut Hospital Association tools to reduce asthma hospitalizations and Emergency Department visits.
- Increase tobacco screening, counseling, and education about health risks of using tobacco
- Increase publicity of Saint Mary's tobacco and e-cigarette free environments.
- Enact process to collect data within Physician Network Organization on the percentage of adult patients screened for tobacco use and cessation intervention.

Key Indicators

- Number of patients that receive a tobacco screening.
- Number of patients who receive a smoking cessation referral.
- Number of patients who successfully complete smoking cessation counseling.
- Number of physicians participating in the Easy Breathing Program.

Existing Programs

- All patients who are discharged from Saint Mary's Hospital receive Smoking Cessation educational materials in their discharge packets.
- The Easy Breathing program works to inform physician practices and foster a community-based approach to pediatric asthma and review program data at the community level.
- Continue to explore efforts Greater Waterbury Region Asthma Coalition and the statewide health improvement initiative by Connecticut Hospital Association.

Initiatives

- Evaluate opportunities to pilot incentive program to increase smoking cessation rates.
- Support Regional Health Ministry in efforts on Tobacco 21, Smoke Free Movies and other tobacco control policies in the state of Connecticut
- Initiate and properly educate patients on Smoke Free Campuses including the use of E-cigarettes
- Upon implementation of new Electronic Health Record, report to Trinity Health System Office the number of patients screened for tobacco use and cessation intervention.
- Support Greater Waterbury Region Asthma Coalition in implementing Asthma Action Plan in Emergency Department.
- Increase education to patients regarding asthma triggers including poor air quality days and second-hand smoke.

V. Health Communications

Goal: As a member of the Greater Waterbury Health Improvement Partnership, Saint Mary's Hospital will be a leader in advancing the ability for quality health information and increase the target area's health literacy.

Objectives:

- Increase visibility of health and well-being programs in the Greater Waterbury community through various community tools and provider education
- Increase availability of Greater Waterbury Health Improvement Partnership reports and data

Key Indicators

- Number of people who engage in Greater Waterbury Health Improvement Partnership website and social media posts.

Existing Programs

- A communications workgroup has been formed within the Greater Waterbury Health Improvement Partnership.

Initiatives

- Assist with creation and promotion of Greater Waterbury Health Improvement Partnership website, social media and communication vehicles.

Appendix A: CHNA Implementation Plan Resources

Bridge to Success Community Partnership
Catholic Charities
Catholic Family Services
Chesprocott Health District
City of Waterbury
Community Health Centers, Inc.
Connecticut Community Foundation
End Hunger Connecticut
Family Services of Greater Waterbury
Greater Waterbury Health Improvement Partnership (GWHIP)
Harold Leever Regional Cancer Center
Healthcare without Harm
Local and national legislators
Malta House of Care
Neighborhood Housing Services of Waterbury
New Opportunities, Inc.
Pomperaug District Department of Health
Public and Private School Systems
StayWell Health Center, Inc.
Trinity Health
Trinity Health – New England
United Way of Greater Waterbury
Value Options
Visiting Nurses Association
Waterbury Department of Public Health
Waterbury Health Access Program
Waterbury Youth Services
Wellmore Behavioral Health

User, OHCA

From: Cotto, Carmen
Sent: Thursday, May 25, 2017 2:23 PM
To: Capone, Claudio
Cc: Roberts, Karen; User, OHCA
Subject: RE: Trinity Health -New England CON filing requirements

Hi Claudio,

We will get back to you on the matter of coordinating the due dates.

Meantime, please provide us with a reason for your request for an extension by no later than midday tomorrow, Friday, May 26, 2017.

Thanks,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov

www.ct.gov/dph

From: Capone, Claudio [mailto:Claudio.Capone@TrinityHealth-NE.org]
Sent: Thursday, May 25, 2017 7:09 AM
To: Cotto, Carmen <Carmen.Cotto@ct.gov>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>
Subject: RE: Trinity Health -New England CON filing requirements

Hi Carmen…I spoke to Jennifer and Finance would like to keep the reporting on our current 6 months schedule October 1 – March 31st due May 31 and April-September due November 30. It should be the same for all TH-NE facilities.

That said, can we get a 2 week extension on our May 31st filing?

Thanks,

Claudio

From: Cotto, Carmen [mailto:Carmen.Cotto@ct.gov]
Sent: Tuesday, May 16, 2017 4:26 PM
To: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>
Subject: FW: Trinity Health -New England CON filing requirements

Hi Claudio,

This is to follow up on our request below for feedback on our suggested wording to help coordinate the various required filings from Trinity Health-New England.

Last time we spoke you were waiting for Ms. Schneider's return from vacation to provide us with a feedback.

We need to hear from you prior to finalizing the wording in question.

Thanks,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
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Connecticut Department of Public Health
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www.ct.gov/dph

From: Roberts, Karen
Sent: Friday, February 24, 2017 11:38 AM
To: Capone, Claudio (Claudio.Capone@TrinityHealth-NE.org) <Claudio.Capone@TrinityHealth-NE.org>
Cc: Cotto, Carmen <Carmen.Cotto@ct.gov>
Subject: FW: Trinity Health -New England CON filing requirements

Hi Claudio – the wording below is what OHCA staff is thinking will help to better coordinate the various required filings to OHCA from Trinity Health –New England for the three recent transfer of ownership agreed settlements. Before we have this put in an email from our Director, Kim Martone, please take a look and let us know if this will help TH-NE out with having less filing dates to hit for these three CONs. The yellow highlights show where the words "following the Closing Date" appear in the conditions and OHCA's clarifying statement appears then in Red/Bold. Thanks. Karen

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

I. Certain Agreed Upon Conditions from Docket Number 15-31979-CON, St. Francis/Trinity - CLOSING/TRANSACTION DATE WAS OCTOBER 1, 2015

5. Applicants shall submit to OHCA certain information as required by these Conditions on an annual basis (the "Annual Report") up to and including the third (3rd) anniversary of the Closing Date. The Annual Report shall be furnished to OHCA within thirty (30) days of each anniversary of the Closing Date.

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    b. All reports shall remain posted until the third (3rd) anniversary of the Closing Date, except to the extent they are superseded or otherwise rendered inaccurate by subsequent reports and/or information required to be posted pursuant to these Conditions.

9. Within one hundred and fifty (150) days following the Closing Date and thereafter on an annual basis, SFCRHM shall submit to OHCA its Capital Investment Plan detailing the proposed allocation of the $275 million capital investment commitment over the five-year period post-closing. The submitted plans shall account for the full $275M commitment as stated in this proposal and include the following in a format to be agreed upon:

    a. A list of planned capital expenditures with detailed descriptions and associated estimated costs; and
    b. A timeframe for the roll out of the capital projects (including estimated beginning, ending and startup/operation dates); and
    c. SFCRHM shall submit written reports updating the implementation of the Capital Investment Plan in each Annual Report submitted under this Order. Such reports shall describe all activities and expenditures undertaken as part of the Capital Investment Plan, including but not limited to, a description of the capital project, the dates and amounts of withdrawals from the Hospital's operating account and/or any other sources of funding used to fulfill the capital commitment. The reports shall be signed by SFCRHM's Chief Financial Officer.

14. SFCRHM shall ensure that culturally and linguistically appropriate services are available and integrated throughout its hospital operations, including appropriate interpreter and insurance navigator services for patients, English as a second language training for employees, and cultural competency training for employees. In complying with this Condition, SFCRHM shall be guided by the culturally and linguistically appropriate standards published by the U.S. Department of Health and Human Services' Office of Minority Health. For three (3) years following the Closing Date, SFCRHM shall submit a written report on its activities directed at meeting this Condition as part of the Annual

Report. The written report shall be posted on SFCRHM Website Page simultaneously with the submission of the Annual Report.

THIRTY DAYS OF THE CLOSING DATE IS NOVEMBER 1ST. FOR EACH OF THE CONDITIONS NOTED ABOVE (#5,# 9, #14) TRINITY HEALTH – NEW ENGLAND MAY INSTEAD FILE THE MATERIAL ON NOVEMBER 30TH ALONG WITH THE FILINGS REQUIRED PURSUANT TO CONDITIONS #10 AND #11.

II. Certain Agreed Upon Conditions from Docket Number 15-32002-CON, Johnson Memorial/Trinity - CLOSING/TRANSACTION DATE WAS JANUARY 1, 2016

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    a. A list of planned capital expenditures with detailed descriptions and associated estimated costs; and
    b. A timeframe for the roll out of the capital projects (including estimated beginning, ending and startup/operation dates); and
    c. Written reports updating OHCA on the implementation of the Capital Investment Plan in each Annual Report submitted under this Order. Such reports shall describe all activities and expenditures undertaken as part of the Capital Investment Plan, including but not limited to, a description of the capital project, the dates and amounts of withdrawals from New JMMC's operating account and/or any other sources of funding used to fulfill the capital commitment. The reports shall be signed by New JMMC's Chief Financial Officer.

14. New JMMC and New JMH shall ensure that culturally and linguistically appropriate services are available and integrated throughout its hospital operations, including appropriate interpreter and insurance navigator services for patients, English as a second language training for employees, and cultural competency training for employees. In complying with this Condition, New JMMC and New JMH shall be guided by the culturally and linguistically appropriate standards published by the U.S. Department of Health and Human Services' Office of Minority Health. For three (3) years following the Closing Date, SFCRHM shall submit a written report on its activities directed at meeting this Condition as part of the Annual Report. The written report shall be posted on New JMMC website Page simultaneously with the submission of the Annual Report.

THIRTY DAYS OF THE CLOSING DATE IS FEBRUARY 1ST. FOR EACH OF THE CONDITIONS NOTED ABOVE (#5,# 9, #14) TRINITY HEALTH – NEW ENGLAND MAY INSTEAD FILE THE MATERIAL ON MAY 31ST ALONG WITH THE FILINGS REQUIRED PURSUANT TO CONDITIONS #10 AND #11.

III. ***Certain Agreed Upon Conditions from Docket Number 15-32045-CON, St. Mary's/Trinity***
- CLOSING/TRANSACTION DATE WAS AUGUST 1, 2016

5. Within one hundred and eighty (180) days following the Closing Date, TH-NE shall submit a plan demonstrating how health care services will be provided by the Hospital for the first three years following the Transfer Agreement, including any consolidation, reduction, or elimination of existing services or introduction of new services (the "Services Plan"). The Services Plan will be provided in a format mutually agreed upon by OHCA and TH-NE. OHCA is imposing this Condition to ensure continued access to health care services for the patient population. *Legal and Factual Basis: Conn. Stat. §§ 19a-613(b), 19a-639(a)(5),(6) (7),(8),(9),(11) & (12); FF 21-22, 24-25.*

180 DAYS OF THE CLOSING DATE IS JANUARY 28, 2017. THIS MATERIAL REMAINS DUE AT THIS TIME.

7. Within one hundred and eighty (180) days following the Closing Date and thereafter on the same semi-annual schedule as set forth in Condition 8 below until the capital commitment is satisfied TH-NE shall submit to OHCA a report on the capital investments ("Capital Investment Report") it has made in the Hospital and its affiliates from the minimum $100 million Commitment Amount. The Capital Investment Report shall include the following in a format to be agreed upon:

    a. A list of the capital expenditures that have been made in the prior one hundred and eighty (180) days with descriptions of each associated project; and
    b. An explanation of why each expenditure was made and a timeframe for the roll out of the associated capital project (including estimated beginning, ending and startup/operation dates); and
    c. The funding source of the capital investment; indicate whether it was drawn from intercompany loans, operating revenue, capital contributions from THC or another source. If funding was drawn from another source, indicate the source.

    The reports shall be signed by the Hospital's or TH-NE's Chief Financial Officer. OHCA is imposing this Condition to ensure continued access to health care services for the patient population and to verify the continued financial feasibility of the project. *Legal and Factual Basis: Stat. §§ 19a-613(b), 19a-639(a)(3),(4) & (5); FF 47-49, 53*

180 DAYS OF THE CLOSING DATE IS JANUARY 28, 2017. THIS MATERIAL MAY BE FILED EACH MAY 31ST AND NOVEMBER 30TH AS SET FORTH IN CONDITION #8 AS REFERENCED WITHIN #7.

12. TH-NE shall maintain community benefit programs and community building activities for the Hospital for three (3) years after the Closing Date consistent with the Hospital's most recent Schedule H of IRS Form 990 or shall provide such other community benefit programs and community building activities that are at least as generous and benevolent to the community as the Hospital's current programs, and TH-NE shall apply no less than a 1% increase per year for the next three (3) years toward the Hospital's community building activities in terms of dollars spent.

    In determining the Hospital's participation and investment in both community benefits and community building activities, TH-NE shall address the health needs identified by the applicable CHNA in effect at the time and the population health management objectives, including social determinants of health, contained in the related Implementation Strategy.

    d. On an annual basis, TH-NE shall identify the amounts and uses related to community benefits and community building and shall discuss how such investments and support are being applied toward the health needs identified in the CHNA and population health management objectives. Such reporting shall be filed within thirty days of the anniversary date of the closing for three years and shall be posted on the Hospital's website. OHCA is imposing this Condition to ensure continued access to health care services for the patient population. *Legal and Factual Basis: Stat. §§ 19a-613(b), 19a-639(a)(5),(6) & (11); FF 35.*

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13. TH-NE shall work toward making culturally and linguistically appropriate services available and integrated throughout the Hospital's operations. Specifically, TH-NE shall ensure that the Hospital shall take reasonable steps to provide meaningful access to each individual with limited English proficiency eligible to be served or likely to be encountered in its health programs and activities, in accordance with the implementing regulations of Section 1557 of the Patient Protection and Affordable Care Act. Additionally, TH-NE shall provide at the Hospital, appropriate insurance navigator services for patients and, where appropriate, English as a second language and cultural competency training for employees. In complying with this Condition, TH-NE shall ensure that the Hospital shall be guided by the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care published by the U.S. Department of Health and Human Services' Office of Minority Health. For three (3) years following the Closing Date, TH-NE shall submit a written report on its activities directed at meeting this Condition. Such reporting shall be filed within thirty (30) days of the anniversary date of the closing for three years and shall be posted on the Hospital's website. OHCA is imposing this Condition so as to ensure continued access to health care services for the patient population. *Legal and Factual Basis: 45 C.F.R. §92.201; Stat. §§ 19a-486d(a), 19a-613(b), 19a-639(a)(5),(6) & (11); FF 29.*

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User, OHCA

From: Roberts, Karen
Sent: Friday, May 26, 2017 4:37 PM
To: Capone, Claudio
Cc: Cotto, Carmen; Clarke, Ormand; Martone, Kim; Cable, Kimberly (KCable@stfranciscare.org); User, OHCA
Subject: RE: Trinity Health -New England CON filing requirements

Hi Claudio – we have received your request below for additional time to file the required May 31st semi-annual reports for the three Trinity-related transfer of ownership CONs, as follows:

St. Francis – Trinity DN 15-31979-CON
Johnson – Trinity DN 15-32002-CON
St. Mary's –Trinity DN 15-32045-CON

We find it acceptable for the reason that you expressed in your email to Mr. Cotto on May 25th, to provide you with additional time to fulfill this filing for these three docket numbers, but we would appreciate it if the filings are received by end of business day on Wednesday, June 7th.

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

From: Capone, Claudio [mailto:Claudio.Capone@TrinityHealth-NE.org]
Sent: Thursday, May 25, 2017 7:09 AM
To: Cotto, Carmen <Carmen.Cotto@ct.gov>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>
Subject: RE: Trinity Health -New England CON filing requirements

Hi Carmen…I spoke to Jennifer and Finance would like to keep the reporting on our current 6 months schedule October 1 – March 31st due May 31 and April-September due November 30. It should be the same for all TH-NE facilities.

That said, can we get a 2 week extension on our May 31st filing?

Thanks,

Claudio

From: Cotto, Carmen [mailto:Carmen.Cotto@ct.gov]
Sent: Tuesday, May 16, 2017 4:26 PM
To: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>
Subject: FW: Trinity Health -New England CON filing requirements

Hi Claudio,

This is to follow up on our request below for feedback on our suggested wording to help coordinate the various required filings from Trinity Health-New England.

Last time we spoke you were waiting for Ms. Schneider's return from vacation to provide us with a feedback.

We need to hear from you prior to finalizing the wording in question.

Thanks,
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov

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User, OHCA

From: Capone, Claudio <Claudio.Capone@TrinityHealth-NE.org>
Sent: Wednesday, June 07, 2017 3:47 PM
To: User, OHCA; Cotto, Carmen; Roberts, Karen
Cc: Schneider, Jennifer; John Rodis; Kyle Jurczyk; Janeanne C. Lubin-Szafranski
Subject: Trinity Health - New England Conditions of CON Filings
Attachments: Saint Francis Trinity Health order requirements Summary of Cost Saving ....pdf; Saint Francis Trinity Health order requirements Summary of Cost Saving draft v1.docx; Johnson Trinity Health New England 5-30 order requirements.pdf; Attachment C Supplemental Stats for JMH.XLSX; Attachment A Detail of 6 month savings 10-1-2016 to 3-31-2017.xlsx; Attachment B JMH report 100-150.xlsx; Saint Mary's Key CON stats Mar 2017.xlsx; Saint Mary's Capital Exp - FA OCHA Info thur MAR17.xlsx; Saint Mary's Report 100_150_300_350_March 2017.xlsx; 15_31979 Attachment C TH-NE Financial Statistics -Mar 17- comp to Sept 16.xlsx; 15_31979 Attachment B2 Cashflow.xls; 15_31979 Attachment B1 TH-NE - CT - SAFNS - Reports 100 150 300 350 3.31.17.xlsx; 15_31979 Attachment A Detail of 6 month savings 3-31-2016.xlsx

Importance: High

Hello,

Attached are Trinity Health – New England's June 7th filings pursuant to our CON Conditions as delineated in Docket Numbers:

- 15-31979-CON, St. Francis/Trinity
- 15-32002-CON, Johnson Memorial/Trinity
- 15-32045-CON, St. Mary's/Trinity

Please feel free to contact me with any questions you may have regarding the attached.

Regards,

Claudio A. Capone, FACHE
Regional VP of Strategic Planning and Business Development
Trinity Health - New England

claudio.capone@trinityhealth-ne.org
W 860-714-6165
C 860-276-7975

1000 Asylum Avenue, 4th Floor
Hartford, CT 06105

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CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Response to Items #10 and #11 of the Settlement and Order dated 8/1/2015 for the Six Month Period Ended March 31, 2017

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both the Hospital and its immediate parent (SFC or its successor legal entity) for purposes of this Order, semi-annual periods are October 1 - March 31 and April l - September 30. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31 and November 30, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM): Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The information shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since October 1, 2015, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Trinity Health to identify and implement changes to realize cost saving opportunities. As previously reported, a significant benefit with annual ongoing savings for Saint Francis was the defeasance of Saint Francis' long term debt of approximately $246 million with proceeds from an intercompany loan. In addition, the Series F Fixed Pay SWAP was novated to Trinity Health on October 1, 2015. The result of this SWAP was an improvement in Saint Francis' net assets of $44 million. Furthermore, the transfer of this SWAP removes the financial risks associated with the change in interest rates and the impact on Saint Francis net assets. For example, in FY 2015, Saint Francis recorded a $14.8 million non-operating loss related to this interest rate SWAP. Additional interest expense savings for the six months ended March 31, 2017 was approximately $226,000 as a result of favorable interest rates.

Another significant change was the inclusion of Saint Francis into the Trinity Health insurance program. This created an overall decrease in annual premiums of approximately $1.3 million exclusive of one time tail coverage costs incurred as part of the transaction. The benefit related to this change was $650,000 for the six month period ended 3/31/2017. In addition, Saint Francis will realize an additional annual savings in insurance premiums of $1.8 million effective 7/1/2017.

Lastly, leveraging the Trinity Health actuarial expertise whose approach is to more closely align mortality assumptions with plan participant demographics in the Trinity Health pension plans, Saint Francis' projected benefit obligation was further evaluated. As a result, Saint Francis recognized an annual benefit in pension expense of $4.2 million for the twelve month period

ended September 30, 2016. For the period from October 1, 2016 to March 31, 2017 the realized benefit was $2.3 million. Furthermore, Trinity and Saint Francis have developed a plan to continue to adequately fund the Saint Francis defined benefit plan consistent with the Trinity Health funding policy. Based on the current obligations under the plan and current funding level, Saint Francis will make contributions of $32.9 million to the plan during the period 7/1/2017-6/30/2018. Historically, Saint Francis was only able to contribute approximately $9 million to the plan annually.

Just prior to Saint Francis joining Trinity Health, a class action lawsuit was brought against Saint Francis relating to the question as to whether Saint Francis' defined benefit plan should be administered as a qualified "church plan" or a plan subject to Employee Retirement Income Security Act (ERISA). Trinity Health system office risk management collaborated with local leadership and was instrumental in resolving this matter. Furthermore, $800,000 of legal fees associated with this matter was paid for by Trinity Health on behalf of Saint Francis.

In January 2017, the employees of Saint Francis were brought onto to Trinity Health benefit programs which provided several enhancements to their benefits. The most significant change is that colleagues working more than twenty hours per week are participating in a defined contribution retirement program which provides a base core contribution of 3% for everyone and a matching contribution for the first 6% of a colleague's contribution. The new health insurance program provides comprehensive coverage at a lower average employee contribution compared to what had previously been provided.

Saint Francis continues with the transition to the Trinity Health Group Purchasing Organization, HPG. During the period October 1, 2016 to March 31, 2017, this effort has resulted in net supply chain savings of approximately $1.7 million. Most of the current saving was achieved by reducing the cost on existing goods through the implementation of the Trinity Health National Agreements. Other contract savings were realized with various revenue cycle vendors and totaled $219,000 during the same period. Supply Chain integration activity will continue in FY17 and FY18.

Trinity Health – New England, Inc. (TH – NE, formerly known as Saint Francis *Care*, Inc.), on behalf of its member hospitals including Saint Francis Hospital and Medical Center, Johnson Memorial Hospital and Saint Mary's Hospital, is currently working with Trinity Health on ensuring these hospitals continue to deliver high quality care and remain low cost providers within the community. TH-NE and Trinity Health have engaged external consultants to assist in performance improvement, integration, regionalization strategy, productivity improvements and other cost reductions. Resources from Trinity Health system office are supporting these efforts and are on-site on a regular basis. Furthermore, Trinity Health has assumed 50% of these costs totaling over $1.0 million benefit to the Connecticut hospitals within TH - NE.

Except where otherwise noted, these cost savings will continue to be realized in future years. Furthermore, we continue to identify cost saving opportunities with vendors and will report those cost savings when realized in future reporting periods. See **Attachment A** for expense savings by category.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings. Saint Francis continues to have a strong census as well as being recognized for its clinical excellence.

See **Attachment D.**

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM). The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment B.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment C** for Financial Indicators.

Attachment A

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Cost Savings/Synergies 10/1/2016-3/31/2017

LINE	DESCRIPTION	Savings 10/1/2016-3/31/2017 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	
B.	Fringe Benefits (pension)	$2,300
C.	Contractual Labor Fees	
D.	Medical Supplies and Pharmaceutical Cost	$1,664
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$226
H.	Malpractice Insurance Cost	$650
I.	Utilities	
J.	Business Expenses (insurance and IT)	
K.	Other Operating Expense	$219
	Total savings 10/1-3/31	$5,059

Attachment B1

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$17,282,000	$14,863,000	($2,419,000)	-14%
2	Short Term Investments	$37,626,000	$22,759,000	($14,867,000)	-40%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$64,589,000	$84,118,000	$19,529,000	30%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$47,486,000	$36,994,000	($10,492,000)	-22%
6	Due From Third Party Payers	$5,513,000	$675,000	($4,838,000)	-88%
7	Inventories of Supplies	$8,913,000	$8,964,000	$51,000	1%
8	Prepaid Expenses	$3,861,000	$2,797,000	($1,064,000)	-28%
9	Other Current Assets	$3,498,000	$3,950,000	$452,000	13%
	Total Current Assets	**$188,768,000**	**$175,120,000**	**($13,648,000)**	**-7%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$55,311,000	$56,453,000	$1,142,000	2%
2	Board Designated for Capital Acquisition	$42,931,000	$45,721,000	$2,790,000	6%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$2,118,000	$0	($2,118,000)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$100,360,000**	**$102,174,000**	**$1,814,000**	**2%**
5	Interest in Net Assets of Foundation	$13,266,000	$10,935,000	($2,331,000)	-18%
6	Long Term Investments	$48,717,000	$51,061,000	$2,344,000	5%
7	Other Noncurrent Assets	$7,050,000	$8,864,000	$1,814,000	26%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$418,811,000	$428,235,000	$9,424,000	2%
2	Less: Accumulated Depreciation	$43,734,000	$62,758,000	$19,024,000	43%
	Property, Plant and Equipment, Net	**$375,077,000**	**$365,477,000**	**($9,600,000)**	**-3%**
3	Construction in Progress	$14,905,000	$28,823,000	$13,918,000	93%
	Total Net Fixed Assets	**$389,982,000**	**$394,300,000**	**$4,318,000**	**1%**
	Total Assets	**$748,143,000**	**$742,454,000**	**($5,689,000)**	**-1%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$34,163,000	$30,624,000	($3,539,000)	-10%
2	Salaries, Wages and Payroll Taxes	$38,144,000	$31,397,000	($6,747,000)	-18%
3	Due To Third Party Payers	$8,953,000	$7,509,000	($1,444,000)	-16%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$6,925,000	$6,690,000	($235,000)	-3%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$9,045,000	$9,764,000	$719,000	8%
	Total Current Liabilities	**$97,230,000**	**$85,984,000**	**($11,246,000)**	**-12%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$237,732,000	$235,217,000	($2,515,000)	-1%
	Total Long Term Debt	**$237,732,000**	**$235,217,000**	**($2,515,000)**	**-1%**
3	Accrued Pension Liability	$227,408,000	$209,405,000	($18,003,000)	-8%
4	Other Long Term Liabilities	$51,868,000	$52,668,000	$800,000	2%
	Total Long Term Liabilities	**$517,008,000**	**$497,290,000**	**($19,718,000)**	**-4%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$49,222,000	$70,673,000	$21,451,000	44%
2	Temporarily Restricted Net Assets	$29,372,000	$32,054,000	$2,682,000	9%
3	Permanently Restricted Net Assets	$55,311,000	$56,453,000	$1,142,000	2%
	Total Net Assets	**$133,905,000**	**$159,180,000**	**$25,275,000**	**19%**
	Total Liabilities and Net Assets	**$748,143,000**	**$742,454,000**	**($5,689,000)**	**-1%**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT -MAR	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,252,204,000	$1,225,669,000	($1,026,535,000)	-46%
2	Less: Allowances	$1,498,710,000	$828,362,000	($670,348,000)	-45%
3	Less: Charity Care	$8,463,000	$9,103,000	$640,000	8%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$745,031,000**	**$388,204,000**	**($356,827,000)**	**-48%**
5	Provision for Bad Debts	$14,575,000	$8,642,000	($5,933,000)	-41%
	Net Patient Service Revenue less provision for bad debts	**$730,456,000**	**$379,562,000**	**($350,894,000)**	**-48%**
6	Other Operating Revenue	$38,574,000	$18,266,000	($20,308,000)	-53%
7	Net Assets Released from Restrictions	$3,397,000	$1,993,000	($1,404,000)	-41%
	Total Operating Revenue	**$772,427,000**	**$399,821,000**	**($372,606,000)**	**-48%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$258,412,000	$122,840,000	($135,572,000)	-52%
2	Fringe Benefits	$63,421,000	$27,879,000	($35,542,000)	-56%
3	Physicians Fees	$52,062,000	$22,292,000	($29,770,000)	-57%
4	Supplies and Drugs	$115,390,000	$65,971,000	($49,419,000)	-43%
5	Depreciation and Amortization	$44,179,000	$19,210,000	($24,969,000)	-57%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$8,115,000	$4,421,000	($3,694,000)	-46%
8	Malpractice Insurance Cost	$8,753,000	$4,721,000	($4,032,000)	-46%
9	Other Operating Expenses	$211,691,000	$115,900,000	($95,791,000)	-45%
	Total Operating Expenses	**$762,023,000**	**$383,234,000**	**($378,789,000)**	**-50%**
	Income/(Loss) From Operations	**$10,404,000**	**$16,587,000**	**$6,183,000**	**59%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$6,882,000	$4,945,000	($1,937,000)	-28%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($4,960,000)	($421,000)	$4,539,000	-92%
	Total Non-Operating Revenue	**$1,922,000**	**$4,524,000**	**$2,602,000**	**135%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$12,326,000**	**$21,111,000**	**$8,785,000**	**71%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$12,326,000**	**$21,111,000**	**$8,785,000**	**71%**
	Principal Payments	$0	$0	$0	0%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$72,316,000	$49,467,000	($22,849,000)	-32%
2	Short Term Investments	$49,401,000	$30,955,000	($18,446,000)	-37%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$124,168,000	$137,830,000	$13,662,000	11%
4	Current Assets Whose Use is Limited for Current Liabilities	$5,754,000	$0	($5,754,000)	-100%
5	Due From Affiliates	$3,147,000	$6,481,000	$3,334,000	106%
6	Due From Third Party Payers	$5,513,000	$675,000	($4,838,000)	-88%
7	Inventories of Supplies	$14,316,000	$15,242,000	$926,000	6%
8	Prepaid Expenses	$8,569,000	$7,391,000	($1,178,000)	-14%
9	Other Current Assets	$13,155,000	$13,435,000	$280,000	2%
	Total Current Assets	**$296,339,000**	**$261,476,000**	**($34,863,000)**	**-12%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$71,841,414	$73,184,000	$1,342,586	2%
2	Board Designated for Capital Acquisition	$67,971,586	$72,277,000	$4,305,414	6%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$24,717,000	$0	($24,717,000)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$164,530,000**	**$145,461,000**	**($19,069,000)**	**-12%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$52,748,000	$58,285,000	$5,537,000	10%
7	Other Noncurrent Assets	$18,518,000	$17,556,000	($962,000)	-5%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$551,097,000	$570,246,000	$19,149,000	3%
2	Less: Accumulated Depreciation	$49,168,000	$79,463,000	$30,295,000	$1
	Property, Plant and Equipment, Net	**$501,929,000**	**$490,783,000**	**($11,146,000)**	**-2%**
3	Construction in Progress	$23,674,000	$40,973,000	$17,299,000	73%
	Total Net Fixed Assets	**$525,603,000**	**$531,756,000**	**$6,153,000**	**1%**
	Total Assets	**$1,057,738,000**	**$1,014,534,000**	**($43,204,000)**	**-4%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$68,313,000	$63,707,000	($4,606,000)	-7%
2	Salaries, Wages and Payroll Taxes	$75,613,000	$67,903,000	($7,710,000)	-10%
3	Due To Third Party Payers	$15,903,000	$16,154,000	$251,000	2%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$7,821,000	$7,479,000	($342,000)	-4%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$11,999,000	$13,487,000	$1,488,000	12%
	Total Current Liabilities	**$179,649,000**	**$168,730,000**	**($10,919,000)**	**-6%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$256,156,000	$253,458,000	($2,698,000)	-1%
	Total Long Term Debt	**$256,156,000**	**$253,458,000**	**($2,698,000)**	**-1%**
3	Accrued Pension Liability	$314,044,000	$288,664,000	($25,380,000)	-8%
4	Other Long Term Liabilities	$79,162,000	$61,880,000	($17,282,000)	-22%
	Total Long Term Liabilities	**$649,362,000**	**$604,002,000**	**($45,360,000)**	**-7%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$123,226,000	$132,238,000	$9,012,000	7%
2	Temporarily Restricted Net Assets	$33,642,000	$36,380,000	$2,738,000	8%
3	Permanently Restricted Net Assets	$71,859,000	$73,184,000	$1,325,000	2%
	Total Net Assets	**$228,727,000**	**$241,802,000**	**$13,075,000**	**6%**
	Total Liabilities and Net Assets	**$1,057,738,000**	**$1,014,534,000**	**($43,204,000)**	**-4%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT -MAR	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,903,594,000	$1,990,018,000	($913,576,000)	-31%
2	Less: Allowances	$1,902,814,000	$1,329,832,000	($572,982,000)	-30%
3	Less: Charity Care	$16,893,000	$14,729,000	($2,164,000)	-13%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$983,887,000**	**$645,457,000**	**($338,430,000)**	**-34%**
5	Provision for Bad Debts	$21,382,000	$16,997,000	($4,385,000)	-21%
	Net Patient Service Revenue less provision for bad debts	**$962,505,000**	**$628,460,000**	**($334,045,000)**	**-35%**
6	Other Operating Revenue	$48,990,000	$36,152,000	($12,838,000)	-26%
7	Net Assets Released from Restrictions	$7,991,000	$2,494,000	($5,497,000)	-69%
	Total Operating Revenue	**$1,019,486,000**	**$667,106,000**	**($352,380,000)**	**-35%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$447,852,000	$314,233,000	($133,619,000)	-30%
2	Fringe Benefits	$94,930,000	$52,558,000	($42,372,000)	-45%
3	Physicians Fees	$33,406,000	$24,902,000	($8,504,000)	-25%
4	Supplies and Drugs	$162,109,000	$107,533,000	($54,576,000)	-34%
5	Depreciation and Amortization	$50,735,000	$30,251,000	($20,484,000)	-40%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$9,056,000	$5,047,000	($4,009,000)	-44%
8	Malpractice Insurance Cost	$12,300,000	$9,480,000	($2,820,000)	-23%
9	Other Operating Expenses	$212,471,000	$114,986,000	($97,485,000)	-46%
	Total Operating Expenses	**$1,022,859,000**	**$658,990,000**	**($363,869,000)**	**-36%**
	Income/(Loss) From Operations	**($3,373,000)**	**$8,116,000**	**$11,489,000**	**-341%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$5,917,000	$6,960,000	$1,043,000	18%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$54,901,000	($448,000)	($55,349,000)	-101%
	Total Non-Operating Revenue	**$60,818,000**	**$6,512,000**	**($54,306,000)**	**-89%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$57,445,000**	**$14,628,000**	**($42,817,000)**	**-75%**
	Other Adjustments:				

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT -MAR	DIFFERENCE	DIFFERENCE
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$57,445,000**	**$14,628,000**	**($42,817,000)**	**-75%**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CASH FLOW

	Six Months Ended March 31 2017
Operating activities:	
Increase in net assets	**$ 21,111,000**
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Depreciation and amortization	**19,210,000**
Bad debts	**8,642,000**
Unrealized and realized gains on investment	**1,142,000**
Restricted contributions and investment income	**2,682,000**
Equity transfer	**340,000**
Changes in:	
Accounts receivable--patients, net	**(28,171,000)**
Due from affiliated entities	**10,492,000**
Due from third party reimbursement agencies	**4,838,000**
Inventory of supplies	**(51,000)**
Prepaid expenses	**1,064,000**
Other assets	**(2,266,000)**
Accounts payable	**(3,539,000)**
Salary and wages, payroll taxes and amounts withheld from employees	**(6,747,000)**
Due to third party reimbursement agencies	**(1,444,000)**
Other current liabilities	**719,000**
Accrued pension and retiree health costs	**(18,003,000)**
Other long term liabilities	**800,000**
Net cash provided by operating activities	**10,819,000**
Investing activities:	
Purchases of property, plant and equipment, net	**(23,528,000)**
Decrease in assets whose use is limited	**(1,814,000)**
Decrease in investments	**14,854,000**
Net cash used in investing activities	**(10,488,000)**
Financing activities	
Principal payments on long-term debt	**(2,750,000)**
Net cash used in financing activities	**(2,750,000)**
Net decrease in cash and cash equivalents	**(2,419,000)**
Cash and cash equivalents at beginning of period	**17,282,000**
Cash and cash equivalents at end of period	**14,863,000**

TRINITY HEALTH - NEW ENGLAND, INC.
CONSOLIDATED STATEMENT OF CASH FLOW

	Six Months Ended March 31 2017
Operating activities:	
Increase in net assets	**$ 14,628,000**
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Depreciation and amortization	**30,251,000**
Bad debts	**16,997,000**
Unrealized and realized gains on investment	**1,142,000**
Restricted contributions and investment income	**2,738,000**
Equity transfer	**(5,433,000)**
Changes in:	
Accounts receivable--patients, net	**(30,659,000)**
Due from affiliated entities	**(3,334,000)**
Due from third party reimbursement agencies	**4,838,000**
Inventory of supplies	**(926,000)**
Prepaid expenses	**1,178,000**
Other assets	**682,000**
Accounts payable	**(4,606,000)**
Salary and wages, payroll taxes and amounts withheld from employees	**(7,710,000)**
Due to third party reimbursement agencies	**251,000**
Other current liabilities	**1,488,000**
Accrued pension and retiree health costs	**(25,380,000)**
Other long term liabilities	**(17,282,000)**
Net cash used in operating activities	**(21,137,000)**
Investing activities:	
Purchases of property, plant and equipment, net	**(36,404,000)**
Decrease in assets whose use is limited	**24,823,000**
Decrease in investments	**12,909,000**
Net cash provided by investing activities	**1,328,000**
Financing activities	
Principal payments on long-term debt	**(3,040,000)**
Net cash used in financing activities	**(3,040,000)**
Net decrease in cash and cash equivalents	**(22,849,000)**
Cash and cash equivalents at beginning of period	**72,316,000**
Cash and cash equivalents at end of period	**49,467,000**

Saint Francis Hospital and Medical Center

		Mar 17 YTD		Sept 16 YTD		Comments
Monthly Financial Measurement/Indicators						
A.	**Operating Performance:**					
	Operating Margin		4.1%		1.3%	operating income/operating revenues
	Non-Operating Margin		NA		NA	
	Total Margin		10.1%		8.1%	Operating cash flow margin (EBIDA/operating revenue)
	Bad Debt as % of Gross Revenue		0.7%		0.6%	bad debt/total patient serv. Revenue(before allowances)
B.	**Liquidity:**					
	Current Ratio		2.0		1.9	current assets/current liabilites
	Days Cash on Hand		41.7		49.7	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
	Days in Net Accounts Receivables		39.4		33.9	net ar/net patient ser rev(after bd)/days in yr
	Average Payment Period		43.0		44.1	current liabilities/(total exp-depr)/YTD days in yr
C.	**Leverage and Capital Structure:**					
	Long-term Debt to Equity		152.0%		182.7%	total debt/total equity(net assets)
	Long-term Debt to Capitalization		59.6%		64.0%	LTD/LTD+net assets
	Unrestricted Cash to Debt		34.5%		40.0%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
	Times Interest Earned Ratio		4.8		2.3	EBIT/Interest expense
	Debt Service Coverage Ratio		3.6 x		4.2 x	(Net income+int+depr)/(st debt+int exp)
	Equity Financing Ratio		21.4%		17.9%	Net assets/total assets
D.	**Additional Statistics (in thousands)**					
	Income(Loss) from Operations	$	16,587	$	10,404	Net income(loss) from operations
	Revenue Over/(Under) Expense	$	21,111	$	12,326	Net gain(loss)
	EBITDA	$	40,218	$	62,698	based on net income(loss) from operations
	Patient Cash Collected		NA		NA	
	Cash and Cash Equivalents	$	37,622	$	54,908	from cons bs
	Net Working Capital	$	89,136	$	91,538	current assets-current liabilities
	Unrestricted Assets	$	70,673	$	49,222	from cons bs

Source=SAFNS reports 100 150 300 350 331

Trinity Health - New England, Inc (Formerly Saint Francis Care, Inc.)

	Mar 17 YTD	Sept 16 YTD	Comments
Monthly Financial Measurement/Indicators			
A. Operating Performance:			
Operating Margin	1.2%	(0.3%)	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	6.5%	5.5%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	0.9%	0.7%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	1.6	1.6	current assets/current liabilites
Days Cash on Hand	44.2	71.2	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables	38.9	46.1	net ar/net patient ser rev/days in yr
Average Payment Period	48.8	67.5	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	107.9%	115.4%	total debt/total equity(net assets)
Long-term Debt to Capitalization	51.2%	52.8%	LTD/LTD+net assets
Unrestricted Cash to Debt	0.6	0.7	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	2.6	0.6	EBIT/Interest expense
Debt Service Coverage Ratio	3.5 x	3.3 x	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	23.8%	21.6%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations	$ 8,116	$ (3,373)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 14,628	$ 57,445	Net gain(loss)
EBITDA	$ 43,414	$ 56,418	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 80,422	$ 121,717	from ct0cons hfm
Net Working Capital	$ 92,746	$ 116,690	current assets-current liabilities
Unrestricted Assets	$ 132,238	$ 123,226	from ct0cons hfm

Saint Francis Awards, Accreditations and Recognitions
Fiscal Year 2016 and 2017

Connecticut Joint Replacement Institute ISO 9001:2015 Certified
The Connecticut Joint Replacement Institute at Saint Francis Hospital and Medical Center (CJRI) has been recertified in compliance with the International Standards Organization's (ISO) 9001:2015 standard for health care. First certified in 2014 as an ISO 9001:2008 Quality Management System compliant organization, the Connecticut Joint Replacement Institute (CJRI) remains the only health care facility in Connecticut to be compliant with ISO standards. There are approximately 500 health care providers nationwide with this distinction. The three-year re-certification is awarded by DNV-GL Certification Inc., of Houston, TX, following an intensive audit of CJRI's workflows, quality and safety measurement tools. (Feb. 2017)

2017 Women's Choice Award® as one of America's Best Hospitals for Heart Care
Saint Francis Hospital and Medical Center has been named one of America's Best Hospitals for Heart Care by the Women's Choice Award®, America's trusted referral source for the best in healthcare. The award signifies that Saint Francis Hospital and Medical Center is in the top 9% of 4,789 U.S. hospitals offering heart care services. (Jan. 2017)

2017 Women's Choice Award®, America's Best Hospitals for Bariatric Surgery
Saint Francis Hospital and Medical Center has been named as one of America's Best Hospitals for Bariatric Surgery by the Women's Choice Award®, America's trusted referral source for the best in healthcare. The award signifies that Saint Francis Hospital and Medical Center is in the top 8% of 4,789 U.S. hospitals reviewed. This is the second consecutive year that Saint Francis Hospital and Medical Center has received the Women's Choice Award for Bariatric Surgery. (Jan. 2017)

2017 Women's Choice Award®, America's Best Hospitals for Obstetrics
Saint Francis Hospital and Medical Center has been named as one of America's Best Hospitals for Obstetrics by the Women's Choice Award®, America's trusted referral source for the best in health care. The award signifies Saint Francis Hospital and Medical Center is in the top 17% of 2,815 U.S. hospitals offering obstetrics. (Jan. 2017)

Electronic Medical Record Adoption Model (EMRAM) Stage 7 Award
In recognition of its collaboration among operational, IT resources and partnering vendors to create the best system for delivering care to their patients, Saint Francis Hospital and Medical Center has been awarded with the Electronic Medical Record Adoption Model (EMRAM) Stage 7 Award. Saint Francis collaborated with a specialized niche electronic medical record (EMR) software company and one large vendor to build, test workflow, study, report and exchange data between the two systems. (Nov. 2016)

Transforming Communities Initiative
Saint Francis Hospital and Medical Center, through the Curtis D. Robinson Center for Health Equity, launched the Transforming Communities Initiative that will unite health care systems, community groups and development agencies to address health disparities in Hartford's North End. The Transforming Communities Initiative will bring together Saint Francis, the City of Hartford and Community Solutions to develop programs and strategies aimed at reducing obesity, promoting tobacco-free living, and addressing social determinants that impact current and future health outcomes for the people of the North End of Hartford.

Saint Francis is the second Trinity Health – New England provider to be chosen to be part of a larger Transforming Communities Initiative launched by Trinity Health. The first six participants announced in April included Mercy Medical Center. Over the next five years, Trinity Health will invest approximately $80 million in grants, loans, community match dollars and services in those communities.

"A" Rating for the Leapfrog Group
Saint Francis Hospital and Medical Center is one of only six hospitals in the state designated with an "A" safety score rating by the Leapfrog Group. This is the 8th "A" rating since 2012, something no other hospital has attained. The Hospital Safety Score℠ grades hospitals on their overall performance in keeping patients safe from harm and preventable errors. The grades are derived from analysis of publicly available data using evidence-based, national measures of hospital safety. Leapfrog assigned scores to more than 2,500 hospitals nationwide, including 27 hospitals in Connecticut.

Becker's Hospital Review - "100 Hospitals with Great Orthopedic Programs"
Saint Francis Hospital and Medical Center has been named to Becker's Hospital Review 2016 list recognizing it as one of the "100 Hospitals with Great Orthopedic Programs" in the United States. Saint Francis is the only Connecticut hospital on the list and appears for the third consecutive year.

Women's Choice Award
Saint Francis Hospital and Medical Center has received the 2016 Women's Choice Award® as one of America's Best Breast Centers. This evidence-based designation is the only award that identifies the country's best breast centers based on robust criteria that considers female patient satisfaction and clinical excellence. The list of over 374 award winners, including the Maximilian E. and Marion O. Hoffman Foundation Breast Health Center at Saint Francis, represents breast centers that have met the high standards of the National Accreditation Program for Breast Centers (NAPBC) and carry the Breast Imaging Center of Excellence (BICOE) seal from the American College of Radiology. They have also scored above the national average on the Centers for Medicare and Medicaid Services patient recommendation measures, or their equivalent.

Johnson Memorial Hospital

		Mar 17 YTD		Sept16* YTD	Comments
Monthly Financial Measurement/Indicators					
A. Operating Performance:					
Operating Margin		1.2%		-7.0%	operating income/operating revenues
Non-Operating Margin		NA		NA	
Total Margin		6.4%		-0.5%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue		1.3%		1.0%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:					
Current Ratio		0.8		0.8	current assets/current liabilites
Days Cash on Hand		15.5		9.9	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD
Days in Net Accounts Receivables		76.9		109.4	net ar/net patient ser rev/days in yr
Average Payment Period		164.0		186.9	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:					
Long-term Debt to Equity		823.7%		-402.5%	total debt/total equity(net assets)
Long-term Debt to Capitalization		89.0%		133.8%	LTD/LTD+net assets
Unrestricted Cash to Debt		8.1%		7.5%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio		2.0		(4.5)	EBIT/Interest expense
Debt Service Coverage Ratio		2.59 x		-0.3 x	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio		6.1%		-11.3%	Net assets/total assets
D. Additional Statistics (in thousands)					
Income(Loss) from Operations*	$	399	$	(3,214)	Net income(loss) from operations
Revenue Over/(Under) Expense	$	350	$	(3,474)	Net gain(loss)
EBIDA	$	2,107	$	(247)	based on net income(loss) from operations
Patient Cash Collected		NA		NA	
Cash and Cash Equivalents	$	1,766	$	1,696	from bs
Net Working Capital	$	(2,835)	$	(7,177)	current assets-current liabilities
Unrestricted Assets	$	2,084	$	(6,169)	from bs

*reflects 01/16-09/30/16

	Saint Mary's Health System (Consolidated)	Month		Year to Date	
		Mar 2017	Prior Year	Mar 2017	Prior Year
A.	**Operating Performance**				
	Operating Margin	7.3%	6.6%	2.4%	2.4%
	Non-Operating Margin	1.3%	-0.2%	0.3%	0.3%
	Total Margin	8.6%	6.4%	2.8%	2.7%
	Bad Debt as % of Gross Revenue	0.1%	1.3%	1.0%	1.3%
B.	**Liquidity**				
	Current Ratio	1.89	2.13	1.89	2.13
	Days Cash on Hand	26	24	26	24
	Days in Net Accounts Receivable	38	41	38	41
	Average Payment Period	50	55	50	55
C.	**Leverage and Capital Structure**				
	Long-term Debt to Equity	0.01	0.24	0.01	0.24
	Long-term Debt to Capitalization	0.01	0.20	0.01	0.20
	Unrestricted Cash to Debt	28.23	1.44	28.23	1.44
	Times Interest Earned Ratio	595.9	86.4	209.20	33.87
	Debt Service Coverage Ratio	14.0	11.5	8.38	6.64
	Equity Financing Ratio	2.63	3.85	2.63	3.85
D.	**Additional Statistics (in thousands)**				
	Income from Operations	$ 2,044	$ 1,854	$ 3,871	$ 3,725
	Revenue Over/(Under) Expense	$ 2,398	$ 1,807	$ 4,411	$ 4,199
	EBITDA	$ 3,512	$ 2,872	$ 12,568	$ 9,959
	Patient Cash Collected	$ 27,894	$ 28,833	$ 149,302	$ 148,473
	Cash and Cash Equivalents	$ 20,937	$ 19,016	$ 20,937	$ 19,016
	Net Working Capital	$ 23,409	$ 25,933	$ 23,409	$ 2,533
	Unrestricted Assets	$ 60,607	$ 36,777	$ 606,607	$ 36,777
	Credit Ratings (S&P, FITCH and Moody's)				

Source=SAFNS reports 100 150 300 350 3311

Trinity Health - New England, Inc (Formerly Saint Francis Care, Inc.)

	Mar 17 YTD	Sept 16 YTD	Comments
Monthly Financial Measurement/Indicators			
A. Operating Performance:			
Operating Margin	1.2%	(0.3%)	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	6.5%	5.5%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	0.9%	0.7%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	1.6	1.6	current assets/current liabilites
Days Cash on Hand	44.2	71.2	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables	38.9	46.1	net ar/net patient ser rev/days in yr
Average Payment Period	48.8	67.5	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	107.9%	115.4%	total debt/total equity(net assets)
Long-term Debt to Capitalization	51.2%	52.8%	LTD/LTD+net assets
Unrestricted Cash to Debt	0.6	0.7	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	2.6	0.6	EBIT/Interest expense
Debt Service Coverage Ratio	3.5 x	3.3 x	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	23.8%	21.6%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations	$ 8,116	$ (3,373)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 14,628	$ 57,445	Net gain(loss)
EBITDA	$ 43,414	$ 56,418	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 80,422	$ 121,717	from ct0cons hfm
Net Working Capital	$ 92,746	$ 116,690	current assets-current liabilities
Unrestricted Assets	$ 132,238	$ 123,226	from ct0cons hfm

Saint Francis Hospital and Medical Center

	Mar 17 YTD	Sept 16 YTD	Comments
Monthly Financial Measurement/Indicators			
A. Operating Performance:			
Operating Margin	4.1%	1.3%	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	10.1%	8.1%	Operating cash flow margin (EBIDA/operating revenue)
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C. Leverage and Capital Structure:			
Long-term Debt to Equity	152.0%	182.7%	total debt/total equity(net assets)
Long-term Debt to Capitalization	59.6%	64.0%	LTD/LTD+net assets
Unrestricted Cash to Debt	34.5%	40.0%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	4.8	2.3	EBIT/Interest expense
Debt Service Coverage Ratio	3.6 x	4.2 x	(Net income+int+depr)/(st debt+int exp)
Equity Financing Ratio	21.4%	17.9%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations	$ 16,587	$ 10,404	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 21,111	$ 12,326	Net gain(loss)
EBITDA	$ 40,218	$ 62,698	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 37,622	$ 54,908	from cons bs
Net Working Capital	$ 89,136	$ 91,538	current assets-current liabilities
Unrestricted Assets	$ 70,673	$ 49,222	from cons bs

Attachment A

Johnson Memorial Hospital
Cost Savings/Synergies 10/1/2016-3/31/2017

LINE	DESCRIPTION	Savings 10/1/2016-3/31/2017 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	$1,675
B.	Fringe Benefits (workers comp)	$335
C.	Contractual Labor Fees	($1,204)
D.	Medical Supplies and Pharmaceutical Cost	$75
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$30
H.	Malpractice Insurance Cost	
I.	Utilities	
J.	Business Expenses (insurance)	$114
K.	Other Operating Expense	$373
	Total savings 10/1/2016-3/31/2017	$1,398

DESCRIPTION	DEPT	QUAN	CLASS	TYPE	ACQ DATE	ENTRY PER
FABIUSTIRO ANESTHESIA MACHINES	7220	1	MOVEABLE	MEDICAL	8/31/2016	11/2016
INTELLIVUE MONITORS & ACCESSORIES	7220	1	MOVEABLE	MEDICAL	8/31/2016	11/2016
STERILIZATION CONTAINER	7570	1	MOVEABLE	MEDICAL	8/31/2016	11/2016
ISTAT 1 WIRELESS ANALYZER	7361	3	MOVEABLE	MEDICAL	8/31/2016	11/2016
SCOPES 0 DEG & 30 DEG CURETTATE	7850	4	MOVEABLE	MEDICAL	8/31/2016	11/2016
VC- 10 VACUUM	7850	1	MOVEABLE	MEDICAL	8/31/2016	11/2016
BLADDER SCAN BVI 9400	7850	1	MOVEABLE	MEDICAL	8/31/2016	11/2016
LIPOSCULTPTOR & ACCESSORIES	7850	1	MOVEABLE	MEDICAL	8/31/2016	11/2016
SUTURE RETRIEVER ACCESSORIES	7850	40	MOVEABLE	MEDICAL	8/31/2016	11/2016
SCOPE HOPKINS 11 30 DEG	7850	4	MOVEABLE	MEDICAL	8/31/2016	11/2016
B3000 BLACK BADGE & BATTERIES	7010	40	MOVEABLE	MEDICAL	8/31/2016	11/2016
CO2 MONITOR & ACCESSORIES	7540	4	MOVEABLE	MEDICAL	8/31/2016	11/2016
ARTIC SUN 5000E TEMP	6500	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
OPTIPLEX 7040 PC & MONITORS	9080	10	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
BUILDING SIGN	7850	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
CONDENSING UNIT	7850	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
HVAC CLEANING & SANTIZING	7850	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
FIRE & SMOKE DAMPER	8300	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
FLOOR SCRUBBERS SINGLE & DUAL	8100	2	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
DEHUMIDIFIER TRAGER BASEMENT	8300	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
EXPANSION VALVE TRAGER	8300	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
WALL COVERING - AUDITORIUM	8300	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
COOLONG COL REPLACEMENT	8300	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
CATH LAB # 2 RENOVATION	8300	1	BLDG IMPR	NONMEDICAL	8/31/2016	11/2016
SLEEP LAB RENOVATION	8300	1	BLDG IMPR	NONMEDICAL	8/31/2016	11/2016
BOARDROOM RENOVATION	9000	1	BLDG IMPR	NONMEDICAL	8/31/2016	11/2016
10 FT HOSES	7540	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
REVERSE OSMOSIS SYSTEM	7010	1	MOVEABLE	NONMEDICAL	8/31/2016	11/2016
HARMONYAIR LIGHT SYSTEM	7070	1	FIXED	NONMEDICAL	8/31/2016	11/2016
RECUMBENT CROSS TRAINER	7420	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
CONTAINERS FOR STERILIZATION	7570	75	MOVEABLE	MEDICAL	9/30/2016	12/2016
TITANIUM GE MRI TOOL KIT	8320	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
LIPOTOWER ASPIRATOR / INFIL	7850	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
LIGHT HANDLE CAMERA COVER	7010	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
CART, SINGLE TIER CORNER	7280	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
CAMERA, CODER & STORAGE	8350	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
VOLUSON P8	7070	1	MOVEABLE	MEDICAL	9/30/2016	12/2016
CARBON FIBER BOARD	7460	1	MOVEABLE	NONMEDICAL	9/30/2016	12/2016
CHESHIRE UC INSTALL	7700	1	FIXED	NONMEDICAL	9/30/2016	12/2016
DELL OPTOPLEX 7040	9080	1	MOVEABLE	NONMEDICAL	9/30/2016	12/2016
MARKETING FURNITURE	9190	1	MOVEABLE	NONMEDICAL	9/30/2016	12/2016
NVSC PAINTING (WATER DAMAGE)	7850	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016

NVSC PAINTING (WATER DAMAGE)	7850	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
COUNTER FOR PSYCHIATRIC WARD	8300	1	FIXED	NONMEDICAL	9/30/2016	12/2016
FEASABILITY STUDY OPEN OFFICE	8300	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
COUNTER TOPS THROUGHOUT HOSPITAL	8300	1	FIXED	NONMEDICAL	9/30/2016	12/2016
AUDITORIUM RENOVATION	8300	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
FIRE STOP	8300	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
MAIN MEGAWATT METER REPLACEMENT	8300	1	FIXED	NONMEDICAL	9/30/2016	12/2016
EPOXY COATED SHOWER BASE	8300	1	MOVEABLE	NONMEDICAL	9/30/2016	12/2016
BLASIUS 2014 CHEVROLET CRUZE	7361	1	AUTO	NONMEDICAL	9/30/2016	12/2016
SLEEP LAB BUDGETED CONTRACT	7980	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
MEP	7980	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
RODI PIPING & INSTALL	7010	1	FIXED	NONMEDICAL	9/30/2016	12/2016
SEER 1000	7901	1	MOVEABLE	MEDICAL	10/31/2016	01/2017
MAMMOTEST	7280	1	MOVEABLE	MEDICAL	10/31/2016	01/2017
EMERGENCY TEMP WALL	8300	1	BLDG IMP	NONMEDICAL	10/31/2016	01/2017
FURNISH & INSTALL CARPET & TILE	7850	1	FIXED	NONMEDICAL	10/31/2016	01/2017
DAYCARE REMEDIATION	8460	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
BRIO BEDSIDE CABINETS & OVERHEAD ART	7180	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
AAON RTU GAS METERING	8300	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
SYNGO DYNAMICS SYSTEM	9080	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
REMOVE OLD HTP/ PUT NEW IN ITS PLACE	8300	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
BRAINLAB OPTICAL	7010	1	MOVEABLE	MEDICAL	10/31/2016	01/2017
V500 WORKSTATIONS	7540	4	MOVEABLE	MEDICAL	10/31/2016	01/2017
SMART CARE MONITORING	7540	4	MOVEABLE	MEDICAL	10/31/2016	01/2017
AQUILLION PRIME 80	7280	1	MOVEABLE	MEDICAL	10/31/2016	01/2017
MOB 4TH FLOOR LOBBY	8300	1	BLDG IMP	NONMEDICAL	10/31/2016	01/2017
FLEX-X UTRETERSCOPE	7010	1	MOVEABLE	MEDICAL	10/31/2016	01/2017
SLEEP DESIGN MOB	7980	1	BLDG IMP	NONMEDICAL	10/31/2016	01/2017
CDIS MULTIGROUPING	8400	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
LICENSE/ SUPPORT/ TRAINING	8400	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
CARBON FIBER BOARD	7460	1	MOVEABLE	NONMEDICAL	9/30/2016	12/2016
TRANSDUCER CONVEX & LINEAR	7461	2	MOVEABLE	MEDICAL	11/30/2016	02/2017
OR ROOM REPAIRS	7010	1	FIXED	NONMEDICAL	11/30/2016	02/2017
DEHUMIDIFIER INSTALL - TRAGER	8300	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
VIDEO INTERCOM	7980	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
SOFTWARE LICENSE FEES	8400	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
DOOR ACCESS SYSTEM	8460	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
HARMONY LIGHTS/ FP	7850	7	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
CABLING	7980	1	FIXED	NONMEDICAL	10/31/2016	01/2017
CABINET & SHELVES	8300	8	FIXED	NONMEDICAL	11/30/2016	02/2017
FRAME NEW WALL	8300	1	FIXED	NONMEDICAL	11/30/2016	02/2017
CABINETS	7850	1	FIXED	NONMEDICAL	11/30/2016	02/2017
CIRCUIT FOR INBND/OUTBND SWITCHING	8300	1	FIXED	NONMEDICAL	11/30/2016	02/2017
DISPOSABLE LINERS	8100	24	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
PCKGO HEAT EXCHGE/PUMP REPLACEMENT	8300	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
SLEEP LAB PROJECT	7980	1	FIXED	NONMEDICAL	11/30/2016	02/2017

SLEEP LAB PROJECT	7980	1	FIXED	NONMEDICAL	11/30/2016	02/2017
CARPET CHILD DEV	8460	1	FIXED	NONMEDICAL	11/30/2016	02/2017
INTUITIVE ROBOT BUYOUT	7010	1	MOVEABLE	MEDICAL	11/30/2016	02/2017
EV100 CLINICAL PLTFM & SERVICE	7220	1	MOVEABLE	MEDICAL	11/30/2016	02/2017
EV100 CLINICAL PLTFM & SERVICE	6510	1	MOVEABLE	MEDICAL	11/30/2016	02/2017
FURNISH & INSTALL CARPET & TILE	7850	1	FIXED	NONMEDICAL	11/30/2016	02/2017
FURNITURE	9170	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
DOUBLE CATCH BASIN	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- BLOCK WINDOWS IN LAWLOR	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- CONSTRUCTION PROCESS	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- FLOORING VINYL	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- DUCTWORK & EXHAUST FANS INSTAL	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- ELECTRICAL CONTROLS	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- PAINTING STAIRWELLS	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- SECURITY WORK SPACE	8300	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
911 PJT- STRIPPING AND WAXING FLOORS	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT- INTERIOR SIGNS	8300	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
911 PJT-ACCESS CONTROL SYSTEM	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
911 PJT-SPRINKLER HEADS	8300	1	BLDG IMP	NONMEDICAL	11/30/2016	02/2017
INTERIOR SIGN BRAILLE	7980	1	MOVEABLE	NONMEDICAL	11/30/2016	02/2017
V500 WORKSTATIONS	7540	4	MOVEABLE	MEDICAL	10/31/2016	01/2017
1320 WEST MAIN ADDITION	8300	1	BLD IMP	NONMEDICAL	12/31/2016	03/2017
BOLLAND AT OXYGEN TANKS REMOVE & INSTA	8300	1	LAND IMP	NONMEDICAL	12/31/2016	03/2017
4 FT POS PRESS RECIRC COMP	7120	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
HARMONY DUAL & SINGLE LIGHTING	7010	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
DR TRAGER NEW FLOOR & FURNITURE	9831	1	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
ULTRASOUND SPARQ	7290	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
ATRION TELEPHONE SYSTEM	9100	1	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
LIFE POLE W/LIFT & ASSIST	7010	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
BRAVO RECEIVER/SOFTWARE/RECORDER	7850	1	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
PROFESSIONAL DESIGN	8300	1	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
TITAN 450 WATT ZENON LIGHT	7010	3	MOVEABLE	MEDICAL	12/31/2016	03/2017
LIGHT HANDLE CAMERA COVER	7010	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
CDIS TRAINNG/LICENSE	8400	1	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
ATOMLAB 500 DOSE CALIB	7630	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
ULTRAFIN LITHO STIRUP PAIR	7010	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
IS4000 DA VINCI XI	7010	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
STERRAD 100NX ™	7570	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
SEER 1000	7901	6	MOVEABLE	MEDICAL	12/31/2016	03/2017
WEST MAIN TRANSFORMER RELOCATION	8300	1	FIXED	NONMEDICAL	12/31/2016	03/2017
ROBOTIC CARRIER FOR NIGARA	7570	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
FLOORING	7010	1	FIXED	NONMEDICAL	12/31/2016	03/2017
BASE BID	8300	1	FIXED	NONMEDICAL	12/31/2016	03/2017
CART W ACCESSORIES	7570	10	MOVEABLE	MEDICAL	12/31/2016	03/2017
PROFUSION UPGRADE	9080	1	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
CADAVER LIFT CONVEYOR	7361	1	MOVEABLE	MEDICAL	12/31/2016	03/2017
ENTERAL SYRINGE PUMP	6750	3	MOVEABLE	MEDICAL	12/31/2017	03/2018

C0MPELLENT SC220 ENCLOSURE	9080	3	MOVEABLE	NONMEDICAL	12/31/2016	03/2017
POWER LED 175 LIGHT SOURCE	7010	2	MOVEABLE	MEDICAL	12/31/2017	03/2018
NVSC PAINTING (WATER DAMAGE)	7850	1	BLDG IMPR	NONMEDICAL	9/30/2016	12/2016
HP DL380 G9 8GB RAM	7280	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
same						
LICENSE/ SOFTWARE/ SUPPORT	7010	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
POWEREDGE R730 SERVER	9080	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
SHELVING	7180	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
same						
COMPELLENT SC220 ENCLOSURE	9080	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
same						
same						
same						
WEST MAIN ADDITION	8300	1	BLDG IMP	NONMEDICAL	1/31/2017	04/2017
TRUSYSTEM 7000DV & ROBOTIC PKG	7010	1	MOVEABLE	MEDICAL	1/31/2017	04/2017
MOB SLEEP LAB RENOVATION	7980	1	BLDG IMP	NONMEDICAL	1/31/2017	04/2017
PARKING GARAGE ASSESSMENT CONDITION	8300	1	BLDG IMP	NONMEDICAL	1/31/2017	04/2017
LIGHTING UPGRADE	8300	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
SUNQUEST PJT/ TV, DESK,ACCESS	7361	3	MOVEABLE	MEDICAL	1/31/2017	04/2017
same						
OR LIGHT SUPPORT SYSTEM	7070	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
SHIMADZU PORTABLE X-RAY	7280	1	MOVEABLE	MEDICAL	1/31/2017	04/2017
WALLS IN SLEEP LAB	7980	1	FIXED	NONMEDICAL	1/31/2017	04/2017
GAS CHARBOILER	8000	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
WARMING CABINET #5524	7340	1	MOVEABLE	MEDICAL	1/31/2017	04/2017
MOB 4TH FL LOBBY NEW WALL & DOOR	8300	1	FIXED	NONMEDICAL	1/31/2017	04/2017
FIRE ALARM PANEL	8300	1	MOVEABLE	NONMEDICAL	1/31/2017	04/2017
O'BRIEN PLUMBING	8300	1	FIXED	NONMEDICAL	1/31/2017	04/2017
PACEMAKER EXTERNAL	6510	1	MOVEABLE	MEDICAL	1/31/2017	04/2017
AQUILION CT SCAN PYMT	7280	1	MOVEABLE	MEDICAL	1/31/2017	04/2017
MONITORS, CAMERAS, LIGHT PKG	7010		MOVEABLE	MEDICAL	42094	6/2015
LICENSE/ SUPPORT/ TRAINING	8400	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
TABLE MOTION UPGRADE	7010	1	MOVEABLE	MEDICAL	2/28/2017	05/2017
FLOORING	7010	1	FIXED	NONMEDICAL	2/28/2017	05/2017
FLOORING	8300	1	FIXED	NONMEDICAL	2/28/2017	05/2017
GAS CHARBOILER INSTALL	8000	1	MOVEABLE	NONMEDICAL	2/28/2017	05/2017
SERVERS	9080	4	MOVEABLE	NONMEDICAL	2/28/2017	05/2017
PROFESSIONAL SERVICES WMUC	7903	1	BLDG IMP	NONMEDICAL	2/28/2017	05/2017
FIBROSCAN 502 TOUCH	7850	1	MOVEABLE	MEDICAL	2/28/2017	05/2017
LIGHT HANDLE CAMERA COVER	7010	1	MOVEABLE	MEDICAL	2/28/2017	05/2017
ACUSON SC2000 MAINFRAME	7220	1	MOVEABLE	NONMEDICAL	2/28/2017	05/2017
CHAIRS, ALL STEEL TASK	7070	15	MOVEABLE	NONMEDICAL	2/28/2017	05/2017
SPECTRUM IV PUMPS	7800	50	MOVEABLE	MEDICAL	2/28/2017	05/2017
same						
ADDITIONAL CAMERAS	8350	9	MOVEABLE	NONMEDICAL	2/28/2017	05/2017
same						
SHELVING & CABINETS	7909	2	MOVEABLE	NONMEDICAL	2/28/2017	05/2017

BASE CABINET & COUNTERTOPS	7070	2	MOVEABLE	NONMEDICAL	2/28/2017	05/2017
URETERSCOPE FLEXIBLE	7010	1	MOVEABLE	MEDICAL	2/28/2017	05/2017
SYNGO DYNAMICS SYSTEM	9080	1	MOVABLE	NONMEDICAL	10/31/2016	01/2017
CART W ACCESSORIES	7570	10	MOVEABLE	MEDICAL	12/31/2016	03/2017
SOFTWARE SERVICES	7280	2	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
					3/31/2017	06/2017
INFUSION ANALYZER	8320	1	MOVEABLE	MEDICAL	3/31/2017	06/2017
					3/31/2017	06/2017
APPLICATION & CERTIFICATE	7980	1	BLDG IMP	NONMEDICAL	3/31/2017	06/2017
ARCHITECTUAL/MEP	7980	1	BLDG IMP	NONMEDICAL	3/31/2017	06/2017
ARCHITECTUAL/MEP	7980		BLDG IMP	NONMEDICAL	3/31/2017	06/2017
TRIAGE PROJECT	8300	1	BLDG IMP	NONMEDICAL	3/31/2017	06/2017
					3/31/2017	06/2017
PF6001 MAIN UNIT	7550	1	MOVEABLE	MEDICAL	3/31/2017	06/2017
FLOORING/INSTALL	7570	1	FIXED	NONMEDICAL	3/31/2017	06/2017
MARTINS ARM RETRACTOR	7010	1	MOVEABLE	MEDICAL	3/31/2017	06/2017
ESPRESSO MACHINE	8000	1	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
UPGRADE VIRTUAL SIS SERVER	9080	1	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
SPECTRUM IV PUMPS	7800	30	MOVEABLE	MEDICAL	3/31/2017	06/2017
PIPE TESTING PJT 911	8300	1	BLDG IMP	NONMEDICAL	3/31/2017	06/2017
MONITOR DEMOSURE SIGNVS4	6150	2	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
MONITOR DEMOSURE SIGNVS4	6130	1	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
DEPT OF MEDICINE DOOR	8300	1	FIXED	NONMEDICAL	3/31/2017	06/2017
FLEX-X URETERSCOPE	7010	1	MOVEABLE	MEDICAL	3/31/2017	06/2017
INTELLIVUE MULTI SERVER	6500	1	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
PRINTER CONNEX 3D	8320	1	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
ASTER TEE (WATER & AIR) SYSTEM	7440	1	MOVEABLE	NONMEDICAL	3/31/2017	06/2017
PROFESSIONAL SERVICES WMUC	7903	1	BLDG IMP	NONMEDICAL	2/28/2017	05/2017

LOCATION	AMT	VENDOR	PO	SCHEDULE 1	METHOD	EST MO.	
ANES	59,992.08	DRAEGER MED	1614690			60	Aug-16
ANES	50,254.20	PHILIPS 19413	1615589			60	Aug-16
NVSC	13,894.57	AESCULAP	1618025			84	Aug-16
LAB	28,060.47	ABBOTT LAB	1617180			60	Aug-16
NVSC	9,618.00	KARL STORZ	1616167			84	Aug-16
NVSC	5,205.50	OLYMPUS 17199	1616166			84	Aug-16
NVSC	18,316.00	VERATHON	1616110			84	Aug-16
NVSC	19,376.45	MICROAIRE	1616161			84	Aug-16
NVSC	38,916.00	ARTHREX	1616174			84	Aug-16
NVSC	9,300.40	KARL STORZ	1616164			84	Aug-16
OR	20,552.00	VOCERA	1616606			84	Aug-16
RESP	5,453.04	DRAEGER MED	1614719			120	Aug-16
CCU	50,494.00	BARD MED	1616616			84	Aug-16
IT	27,050.40	DELL - 18065	1616179			60	Aug-16
NVSC	2,200.00	CONNECTICUT SIGN	1615432			120	Aug-16
NVSC	23,316.00	SARRACCO	1614100			120	Aug-16
NVSC	23,203.50	STEAMATIC OF CT	1616595			60	Aug-16
PLANT	3,650.00	BRAND	1611712			120	Aug-16
PLANT	14,248.40	GRAINGER	1616342			60	Aug-16
PLANT	2,647.50	GOODHILL	1616795			60	Aug-16
PLANT	2,618.00	GOODHILL	1616840			60	Aug-16
PLANT	10,530.30	H2Z DESIGN	1615047			60	Aug-16
PLANT	45,350.00	MACRI	1609255			120	Aug-16
PLANT	70,203.36	O & G IND	1617840			120	Aug-16
PLANT	24,400.75	O & G IND	1617844			120	Aug-16
PLANT	18,518.50	ALL-PHASE	1512213			120	Aug-16
PRESP	647.44	DRAEGER MED	1614693			60	Aug-16
SURGERY	16,500.00	AMERICAN AQUA	1614998			84	Aug-16
WIC	49,805.83	STERIS	1616347			120	Aug-16
CARD REH	4,189.00	NUSTEP	1619582			84	Sep-16
CENTRAL STI	5,130.40	AESCULAP	1618052			84	Sep-16
CLINICAL	3,775.95	IMPREX INTERNATIONAL	1618781			84	Sep-16
NVSC	6,922.35	MICROAIRE	1616161			120	Sep-16
OR	295.92	STERIS	1618734			60	Sep-16
RAD	10,865.17	AFC IND	1616283			120	Sep-16
SECURITY	5,500.00	STERLING SECURITY	1617528			60	Sep-16
WIC	8,480.00	GE HEALTHCARE	1615162			84	Sep-16
CATH LAB	2,250.00	TZ MEDICAL	1600810			84	Sep-16
CHESHIRE U(	8,485.00	STERLING SECURITY	1615061			60	Sep-16
IT	14,596.44	DELL MARKETING	1619402			60	Sep-16
MARKETING	7,144.73	WB MASON	1615438			120	Sep-16
NVSC	5,020.00	D AND D PAINTING	1615061			60	Sep-16

NVSC	28,024.00	D AND D PAINTING	1614102	60	Sep-16
PLANT	2,527.20	DISPLAY WRIGHT	1618457	180	Sep-16
PLANT	2,545.00	H2Z DESIGN	1618458	36	Sep-16
PLANT	15,880.90	DISPLAY WRIGHT	1618662	180	Sep-16
PLANT	18,662.55	H2Z DESIGN	1618858	60	Sep-16
PLANT	9,818.00	BRAND SERVICES	1611773	120	Sep-16
PLANT	2,750.00	MCPHEE	1618701	120	Sep-16
PLANT	10,455.00	THE S CARPENTER	1618624	120	Sep-16
SECURITY	12,805.60	BLASIUS	NA	60	Sep-16
SLEEP	49,863.27	O & G IND	1618810	36	Sep-16
SLEEP	1,400.00	MOSER	1619208	36	Sep-16
SURGERY	13,500.00	HARRY GRODSKY & CO	1615004	120	Sep-16
CARD	1,362.24	GE HEALTHCARE	1616173	84	Oct-16
RAD	121,500.00	MAMMOTONE	1615447	60	Oct-16
PLANT	3,057.97	THE S CARPENTER	1620226	60	Oct-16
NVSC	9,575.00	M FRANK HIGGINS	1620228	60	Oct-16
DAYCARE	4,689.00	COMMUNITY PLAYTHING	1620270	60	Oct-16
PLANT	19,699.20	HILL ROM 17746	1616344	180	Oct-16
PLANT	3,500.00	SIEMENS 3898	1605035	60	Oct-16
IT	67,061.70	SIEMENS 3898	1612127	60	Oct-16
PLANT	2,031.00	INDUSTRIAL RIGGERS	1700378	60	Oct-16
OR	105,000.00	OLYMPUS 16331	1700259	84	Oct-16
RESP	95,513.30	DRAEGER	1614693	60	Oct-16
RESP	26,079.32	DRAEGER	1614719	60	Oct-16
DIAG	265,401.30	TOSHIBA	15209.17	84	Oct-16
PLANT	4,200.00	CLASSIC BLDRS	1700836	120	Oct-16
OR	19,989.90	KARL STORZ	1701017	84	Oct-16
SLEEP	19,940.00	MOSER PILON	NA	120	Oct-16
HEALTH INFC	6,000.00	3M HEALTH	1616620	60	Oct-16
HEALTH INFC	51,927.10	3M HEALTH	1616705	60	Oct-16
CATH LAB	(180.00)	TZ MEDICAL	1600810	84	Oct-16
IR	14,250.00	HITACHI ALOKA	1700321	60	Nov-16
OR	38,156.25	WB MASON	1608995-BL	120	Nov-16
PLANT	2,647.50	GOOD HILL	1616795	84	Nov-16
SLEEP	2,350.00	STERLING SEC	1617656	60	Nov-16
HEALTH INFC	11,645.16	3M HEALTH	1616705	60	Nov-16
CHILD DEV	4,400.00	STERLING SEC	1617874	120	Nov-16
NVSC	9,383.41	STERIS 16811	1613193	180	Nov-16
NVSC	815.00	COMNET CONN	1617660	240	Nov-16
PLANT	2,550.00	DISPLAY WRIGHT	1701804	180	Nov-16
PLANT	5,080.00	DISPLAY WRIGHT	1701803	120	Nov-16
NVSC	9,093.50	DISPLAY WRIGHT	1614233	180	Nov-16
PLANT	13,180.00	ELECTRICAL WHOLESALES	1700192	240	Nov-16
ENVIRON	182.40	HILL ROM	1616344	24	Nov-16
PLANT	75,031.00	MACRI ASSOCIATES	1613188	120	Nov-16
SLEEP	25,118.76	O AND G	1702057	120	Nov-16

SLEEP	78,461.40	O AND G	1702014	120	Nov-16
CHILD DEV	11,532.38	CORPORATE DESIGN	1701974	60	Nov-16
SURERY	310,500.00	DELAGE LANDEN FINANCIA	NA	84	Nov-16
ANES	52,570.00	EDWARDS LIFE	1701214	84	Nov-16
CVU	52,570.00	EDWARDS LIFE	1701215	84	Nov-16
NVSC	4,766.00	M FRANK HIGGINS	1620228	60	Nov-16
QUAL MNGMT	2,895.21	WB MASON	1619347	120	Nov-16
PLANT	10,750.00	LOUREIRO CONTRACTORS	1619902	300	Nov-16
PLANT	1,494.00	NAUGATUCK WINDOW & GI	1606756	120	Nov-16
PLANT	280,237.70	S CARPENTER	VARIOUS	120	Nov-16
PLANT	1,069.96	CORPORATE DESIGN	1608144	120	Nov-16
PLANT	5,028.00	GOOD HILL	1610915	120	Nov-16
PLANT	23,803.46	VULCAN SECURITY	1610516	120	Nov-16
PLANT	8,185.00	D AND D PAINTING	1608155	120	Nov-16
PLANT	10,500.00	RED THREAD	1604378	120	Nov-16
PLANT	1,932.82	PREFERRED BUILDING MAI	NA	120	Nov-16
PLANT	900.00	CONNECTICUT SIGNCRAFT	NA	60	Nov-16
PLANT	6,350.00	TPC ASSOCIATES	1609806	120	Nov-16
PLANT	6,475.00	MACK FIRE	1612267	120	Nov-16
SLEEP	1,400.00	CONNECTICUT SIGNCRAFT	NA	60	Nov-16
RESP	(1,324.81)	DRAEGER	1614693	60	Nov-16
PLANT	7,333.62	CHIANIS & ANDERSON	1703283	180	Dec-16
PLANT	4,450.00	COCCHIOLA PAYING	1620008	180	Dec-16
PHARMACY	16,028.00	NUAIRE	1616345	84	Dec-16
OR	965.00	STERIS	1502633	180	Dec-16
TRAGER	26,143.50	WB MASON	1616821	60	Dec-16
ULTRASOUNI	56,658.23	PHILIPS HEALTH	1703124	60	Dec-16
COMM	567,760.45	ATRION PROJECT	VARIOUS	120	Dec-16
OR	8,899.16	ALIMED	1703472	60	Dec-16
NVSC	6,495.00	COVIDEN	1703750	60	Dec-16
PLANT	9,100.00	MILONE	1620105	120	Dec-16
OR	26,040.00	CARDIO MED	1703743	84	Dec-16
OR	295.92	STERIS	1703058	84	Dec-16
HIS	11,645.16	3M HEALTH 18731	1616705	60	Dec-16
NUCLEAR	5,850.00	PINESTAR	1703759	84	Dec-16
OR	7,370.28	ALIMED	1703469	84	Dec-16
OR	1,860,000.00	INTUITIVE SURGICAL	1704039	84	Dec-16
CENTRAL STI	110,000.00	ADVANCED STERILIZATION	1703849	84	Dec-16
CARDIOLOGY	5,448.96	GE MEDICAL	1616173	84	Dec-16
PLANT	15,588.14	PARK WEST	1704063	120	Dec-16
CENTRAL STI	7,287.00	MEDISAFE	1703738	84	Dec-16
OR	10,750.00	WB MASON	1608995-BL	120	Dec-16
PLANT	10,688.17	O AND G	1704238	120	Dec-16
CENTRAL STI	26,580.10	CARDINAL HEALTH	1704227	120	Dec-16
IT	70,496.00	COMPUMEDICS	1703948	60	Dec-16
BIOMEDICAL	21,945.00	RYAN MEDICAL	1619073	120	Dec-16
NICU	7,125.00	MEDELA	1704567	84	Dec-16

IT	7,411.52	DELL MRKTG 18065	1704225			60	Dec-16
OR	13,990.00	KARL STORZ	1704414			120	Dec-16
NVSC	(24,287.46)	D AND D PAINTING	1614102			60	Dec-16
RAD	10,994.91	MERGE	1704457			60	Jan-17
	(479.91)	MERGE	1704457			60	Jan-17
OR	46,542.00	VOCERA	1703737			60	Jan-17
IT	38,052.03	DELL - 18065	1704231			60	Jan-17
INVENTORY	1,123.49	INTERMETRO	1703952			240	Jan-17
	112.06	INTERMETRO	1703952			240	Jan-17
IT	80.16	DELL - 18065	1704225			60	Jan-17
	2,778.16	DELL - 18065	1704225			60	Jan-17
	57,993.94	DELL - 18065	1704225			60	Jan-17
	28,841.24	DELL - 18065	1704225			60	Jan-17
PLANT	12,109.81	CHAINIS	1704879			240	Jan-17
OR	92,620.00	TRUMPF	1704988			84	Jan-17
SLEEP	1,455.00	MOSER PILON	1705376			240	Jan-17
PLANT	14,350.00	WALKER RESTORATION	1700043			240	Jan-17
PLANT	63,329.38	ENVIRONMENTAL SERVICE	1702731			120	Jan-17
LAB	2,414.88	CDW	1705569			84	Jan-17
	2,936.13	CDW	1705569			84	Jan-17
WIC	12,875.00	CHALLENGE ENG	1616364			180	Jan-17
RAD	44,900.00	MEDICAL IMAGING	1704180			120	Jan-17
PLANT	4,043.49	O AND G IND	1703278			120	Jan-17
FOOD	3,186.69	PERFORMANCE INT	1705599			120	Jan-17
MRI	6,262.80	GETINGE	1705520			120	Jan-17
PLANT	4,200.00	CLASSIC BLDRS	1700836			240	Jan-17
PLANT	10,807.00	SIMPLEX	1705425			120	Jan-17
PLANT	13,063.00	THE S CARPENTER	1703623			300	Jan-17
CVICU	5,800.00	MEDTRONIC 17359	1706312			60	Jan-17
RAD	265,401.30	TOSHIBA	1520917			60	Jan-17
OR	(19,166.00)	STERIS CORP - 16811	1502633	SCHEDULE 1	STRAIGHT	60	Jan-17
HEALTH INFC	(36,162.58)	3M HEALTH	1616705	SCHEDULE 1	STRAIGHT	60	Jan-17
OR	50,000.00	INTUITIVE SURGICAL	1704039			84	Feb-17
OR	7,333.15	WB MASON	1705901-BL			120	Feb-17
PLANT	6,565.60	WB MASON	1608995-BL			120	Feb-17
FOOD	7,838.00	PERFORMANCE INT	1705599			120	Feb-17
IT	81,007.00	SIEMENS - 20981	1615801			60	Feb-17
WMUC	12,780.33	CHIANIS & ANDERSON	12780.33			240	Feb-17
NVSC	85,000.00	ECHOSENS	1704624			84	Feb-17
OR	295.92	STERIS	1707248			84	Feb-17
ANES	123,659.00	SIEMENS - 20981	1704630			60	Feb-17
WIC	6,926.90	WB MASON	1704424			120	Feb-17
CLIN ENG	62,500.00	BAXTER	1706273			84	Feb-17
	34.00	BAXTER	1706273			84	Feb-17
WIC	29,077.00	STERLING SEC	1705797			60	Feb-17
	(5,577.00)					60	Feb-17
BARIATRICS	3,350.00	DISPLAY WRIGHT	1708051			180	Feb-17

WIC	3,500.00	DISPLAY WRIGHT	1708057			180	Feb-17
OR	9,994.95	KARL STORZ	1707452			84	Feb-17
IT	(7,451.29)	SIEMENS 3898	1612127	SCHEDULE 1	STRAIGHT	60	Feb-17
CENTRAL STI	(1,172.80)	CARDINAL HEALTH	1704227			120	Feb-17
RAD	12,085.02	MERGE	1704455			60	Mar-17
	12,085.02	MERGE	1704455			60	Mar-17
CLINICAL EN(	14,429.55	FLUKE	1706335			84	Mar-17
	(24.15)	FLUKE	1706335			84	Mar-17
SLEEP LAB	58,354.02	O AND G	1705880			120	Mar-17
SLEEP LAB	2,910.00	MOSER	1708476			120	Mar-17
SLEEP LAB	2,425.00	MOSER	1708062			120	Mar-17
PLANT	30,549.00	O AND G	1700873			120	Mar-17
	(2,000.00)	O AND G	1700873			120	Mar-17
WOUNDCARE	38,390.00	PERIMED	1705191			84	Mar-17
CENTRAL STI	16,816.50	WB MASON	1705901BL			120	Mar-17
OR	3,699.00	HAYDEN MED	1704106			84	Mar-17
FOOD	11,663.25	PERFORMANCE	1708641			60	Mar-17
IT	90,882.00	SIEMENS	160729			60	Mar-17
EMER	59,250.00	BAXTER	1706273			60	Mar-17
PLANT	12,429.54	GOODHILL	NA (MIKE)			120	Mar-17
OB4 ORTHO	4,769.08	PHILIPS	1706091			60	Mar-17
SH5 MED	2,384.54	PHILIPS	1706091			60	Mar-17
PLANT	5,198.20	VULCAN SEC	1708449			120	Mar-17
OR	9,994.95	KARL STORZ	1708952			84	Mar-17
CRITICAL CAI	7,179.29	PHILIPS	1706111			60	Mar-17
BIO MED	147,360.00	STRATASYS	1709090			60	Mar-17
CARD	22,940.00	CIVCO	1709562			10	Mar-17
WMUC	(12,727.08)	CHIANIS & ANDERSON	12780.33			240	Mar-17
	7,440,759.52						

Explanation	To be paid from
2 new Anesthesia Fabious Tiro machines	Operating cash
2 new patient monitors with easy care cuffs	Operating cash
new sterilization container w/accessories	Operating cash
new ISTAT 1 WIRELESS ANALYZER	Operating cash
new scopes and tray sterilization sterrads	Operating cash
VC- 10 VACUUM curettate system	Operating cash
new Bladder scan w/rolling cart	Operating cash
new LIPOSCULTPTOR handpiece & ACCESSORIES	Operating cash
SUTURE RETRIEVER ACCESSORIES	Operating cash
Sheath High flow arthroscopy & Hopkins scope	Operating cash
B3000 BLACK BADGE & BATTERIES	Operating cash
CO2 MONITOR & ACCESSORIES	Operating cash
Artic Sun 5000E Temp manage system & calibration test unit	Operating cash
20 monitors & 10 Optiplex 7040 SFF w/dual monitor stands	Operating cash
new bldg signage	Operating cash
replace condensing unit	Operating cash
HVAC duct CLEANING & SANTIZING	Operating cash
FIRE & SMOKE DAMPER	Operating cash
New Floor scrubbers (single & dual) and burnisher	Operating cash
deposit for DEHUMIDIFIER in TRAGER BASEMENT	Operating cash
depoisit for EXPANSION VALVE in TRAGER office	Operating cash
deposit for WALL COVERING in AUDITORIUM	Operating cash
AHU-1 Cooling coil replacement	Operating cash
CATH LAB # 2 RENOVATION	Operating cash
SLEEP LAB RENOVATION	Operating cash
Boardroom Project is now complete	Operating cash
4 each of 02 CS hoses & Air CS hoses 10FT Diss Hand	Operating cash
REVERSE OSMOSIS SYSTEM	Operating cash
2 Harmonyair G5 Dual Pkg Light systems	Operating cash
RECUMBENT CROSS TRAINER-the Foundation reimbursed us for this purchase	Foundation Funds
75 sterilization containers	Operating cash
TITANIUM GE MRI TOOL KIT	Operating cash
new LIPOSCULTPTOR handpiece & ACCESSORIES	Operating cash
LIGHT HANDLE CAMERA COVER	Operating cash
CART, SINGLE TIER CORNER	Operating cash
CAMERA, CODER & STORAGE	Operating cash
VOLUSON P8	Operating cash
Board, Carbon fiber TTL ACS Radial	Operating cash
Security Alarm install	Operating cash
24 monitors & 12 Optiplex 7040 SFF w/dual monitor stands, plus software	Operating cash
MARKETING FURNITURE-chairs, credenza, tabletop, etc	Operating cash
interior painting from water damage	Operating cash

interior painting from water damage	Operating cash
Counter Fabrication	Operating cash
Prof srvs for FEASABILITY STUDY OPEN OFFICE	Operating cash
Labor & Materials for COUNTER TOPS THROUGHOUT HOSPITAL	Operating cash
Prof Srvs for AUDITORIUM RENOVATION	Operating cash
FIRE STOP Labor & Materials	Operating cash
MAIN MEGAWATT METER REPLACEMENT	Operating cash
EPOXY COATED SHOWER BASE	Operating cash
BLASIUS 2014 CHEVROLET CRUZE	Operating cash
SLEEP LAB RENOVATION	Operating cash
MEP-SLEEP LAB RENOVATION	Operating cash
RODI PIPING & INSTALL	Operating cash
SEER 1000	Operating cash
MAMMOTEST	Operating cash
EMERGENCY TEMP WALL	Operating cash
FURNISH & INSTALL CARPET & TILE	Operating cash
DAYCARE REMEDIATION	Operating cash
BRIO BEDSIDE CABINETS & OVERHEAD ART	Operating cash
AAON RTU GAS METERING	Operating cash
SYNGO DYNAMICS SYSTEM	Operating cash
REMOVE OLD HTP/ PUT NEW IN ITS PLACE	Operating cash
BRAINLAB OPTICAL	Operating cash
V500 WORKSTATIONS	Operating cash
SMART CARE MONITORING	Operating cash
AQUILLION PRIME 80	Operating cash
MOB 4TH FLOOR LOBBY	Operating cash
FLEX-X UTRETERSCOPE	Operating cash
SLEEP DESIGN MOB	Operating cash
CDIS MULTIGROUPING	Operating cash
LICENSE/ SUPPORT/ TRAINING	Operating cash
CARBON FIBER BOARD	Operating cash
TRANSDUCER CONVEX & LINEAR	Operating cash
OR ROOM REPAIRS	Operating cash
DEHUMIDIFIER INSTALL - TRAGER	Operating cash
VIDEO INTERCOM	Operating cash
SOFTWARE LICENSE FEES	Operating cash
DOOR ACCESS SYSTEM	Operating cash
HARMONY LIGHTS/ FP	Operating cash
CABLING	Operating cash
CABINET & SHELVES	Operating cash
FRAME NEW WALL	Operating cash
CABINETS	Operating cash
CIRCUIT FOR INBND/OUTBND SWITCHING	Operating cash
DISPOSABLE LINERS	Operating cash
PCKGO HEAT EXCHGE/PUMP REPLACEMENT	Operating cash
SLEEP LAB PROJECT	Operating cash

SLEEP LAB PROJECT	Operating cash
CARPET CHILD DEV	Operating cash
INTUITIVE ROBOT BUYOUT	Operating cash
EV100 CLINICAL PLTFM & SERVICE	Operating cash
EV100 CLINICAL PLTFM & SERVICE	Operating cash
FURNISH & INSTALL CARPET & TILE	Operating cash
FURNITURE	Operating cash
DOUBLE CATCH BASIN	Operating cash
911 PJT- BLOCK WINDOWS IN LAWLOR	Operating cash
911 PJT- CONSTRUCTION PROCESS	Operating cash
911 PJT- FLOORING VINYL	Operating cash
911 PJT- DUCTWORK & EXHAUST FANS INSTALL	Operating cash
911 PJT- ELECTRICAL CONTROLS	Operating cash
911 PJT- PAINTING STAIRWELLS	Operating cash
911 PJT- SECURITY WORK SPACE	Operating cash
911 PJT- STRIPPING AND WAXING FLOORS	Operating cash
911 PJT- INTERIOR SIGNS	Operating cash
911 PJT-ACCESS CONTROL SYSTEM	Operating cash
911 PJT-SPRINKLER HEADS	Operating cash
INTERIOR SIGN BRAILLE	Operating cash
V500 WORKSTATIONS	Operating cash
1320 WEST MAIN ADDITION	Operating cash
BOLLAND AT OXYGEN TANKS REMOVE & INSTALL	Operating cash
4 FT POS PRESS RECIRC COMP	Operating cash
HARMONY DUAL & SINGLE LIGHTING	Operating cash
DR TRAGER NEW FLOOR & FURNITURE	Operating cash
ULTRASOUND SPARQ	Operating cash
ATRION TELEPHONE SYSTEM	Operating cash
LIFE POLE W/LIFT & ASSIST	Operating cash
BRAVO RECEIVER/SOFTWARE/RECORDER	Operating cash
PROFESSIONAL DESIGN	Operating cash
TITAN 450 WATT ZENON LIGHT	Operating cash
LIGHT HANDLE CAMERA COVER	Operating cash
CDIS TRAINNG/LICENSE	Operating cash
ATOMLAB 500 DOSE CALIB	Operating cash
ULTRAFIN LITHO STIRUP PAIR	Operating cash
IS4000 DA VINCI XI	Operating cash
STERRAD 100NX ™	Operating cash
SEER 1000	Operating cash
WEST MAIN TRANSFORMER RELOCATION	Operating cash
ROBOTIC CARRIER FOR NIGARA	Operating cash
FLOORING	Operating cash
BASE BID	Operating cash
CART W ACCESSORIES	Operating cash
PROFUSION UPGRADE	Operating cash
CADAVER LIFT CONVEYOR	Operating cash
ENTERAL SYRINGE PUMP	Operating cash

C0MPELLENT SC220 ENCLOSURE	Operating cash
POWER LED 175 LIGHT SOURCE	Operating cash
NVSC PAINTING (WATER DAMAGE)	Operating cash
HP DL380 G9 8GB RAM	Operating cash
HP DL380 G9 8GB RAM	Operating cash
LICENSE/ SOFTWARE/ SUPPORT	Operating cash
POWEREDGE R730 SERVER	Operating cash
SHELVING	Operating cash
SHELVING	Operating cash
COMPELLENT SC220 ENCLOSURE	Operating cash
COMPELLENT SC220 ENCLOSURE	Operating cash
COMPELLENT SC220 ENCLOSURE	Operating cash
COMPELLENT SC220 ENCLOSURE	Operating cash
WEST MAIN ADDITION	Operating cash
TRUSYSTEM 7000DV & ROBOTIC PKG	Operating cash
MOB SLEEP LAB RENOVATION	Operating cash
PARKING GARAGE ASSESSMENT CONDITION	Operating cash
LIGHTING UPGRADE	Operating cash
SUNQUEST PJT/ TV, DESK,ACCESS	Operating cash
SUNQUEST PJT/ TV, DESK,ACCESS	Operating cash
OR LIGHT SUPPORT SYSTEM	Operating cash
SHIMADZU PORTABLE X-RAY	Operating cash
WALLS IN SLEEP LAB	Operating cash
GAS CHARBOILER	Operating cash
WARMING CABINET #5524	Operating cash
MOB 4TH FL LOBBY NEW WALL & DOOR	Operating cash
FIRE ALARM PANEL	Operating cash
O'BRIEN PLUMBING	Operating cash
PACEMAKER EXTERNAL	Operating cash
AQUILION CT SCAN PYMT	Operating cash
MONITORS, CAMERAS, LIGHT PKG	Operating cash
LICENSE/ SUPPORT/ TRAINING	Operating cash
TABLE MOTION UPGRADE	Operating cash
FLOORING	Operating cash
FLOORING	Operating cash
GAS CHARBOILER INSTALL	Operating cash
SERVERS	Operating cash
PROFESSIONAL SERVICES WMUC	Operating cash
FIBROSCAN 502 TOUCH	Operating cash
LIGHT HANDLE CAMERA COVER	Operating cash
ACUSON SC2000 MAINFRAME	Operating cash
CHAIRS, ALL STEEL TASK	Operating cash
SPECTRUM IV PUMPS	Operating cash
SPECTRUM IV PUMPS	Operating cash
ADDITIONAL CAMERAS	Operating cash
ADDITIONAL CAMERAS	Operating cash
SHELVING & CABINETS	Operating cash

BASE CABINET & COUNTERTOPS	Operating cash
URETERSCOPE FLEXIBLE	Operating cash
SYNGO DYNAMICS SYSTEM	Operating cash
CART W ACCESSORIES	Operating cash
SOFTWARE SERVICES	Operating cash
SOFTWARE SERVICES	Operating cash
INFUSION ANALYZER	Operating cash
INFUSION ANALYZER	Operating cash
APPLICATION & CERTIFICATE	Operating cash
ARCHITECTUAL/MEP	Operating cash
ARCHITECTUAL/MEP	Operating cash
TRIAGE PROJECT	Operating cash
TRIAGE PROJECT	Operating cash
PF6001 MAIN UNIT	Operating cash
FLOORING/INSTALL	Operating cash
MARTINS ARM RETRACTOR	Operating cash
ESPRESSO MACHINE	Operating cash
UPGRADE VIRTUAL SIS SERVER	Operating cash
SPECTRUM IV PUMPS	Operating cash
PIPE TESTING PJT 911	Operating cash
MONITOR DEMOSURE SIGNVS4	Operating cash
MONITOR DEMOSURE SIGNVS4	Operating cash
DEPT OF MEDICINE DOOR	Operating cash
FLEX-X URETERSCOPE	Operating cash
INTELLIVUE MULTI SERVER	Operating cash
PRINTER CONNEX 3D	Operating cash
ASTER TEE (WATER & AIR) SYSTEM	Operating cash
PROFESSIONAL SERVICES WMUC	Operating cash

Acct #	Project Name
1600-0001	CIP Holding
1600-0002	Oncology Center Project
1600-0003	MRI Project
1600-0004	Atrion Project
1600-0005	Cheshire Project
1600-0006	Northwest 911 Project
1600-0007	Cardiac Cath Lab Project
1600-0008	Naugatuck Urgent Care
1600-0009	EPIC Project
1600-0010	East Main Street Urgent Care
1600-0011	Wound Care Lobby
1600-0012	Ambulatory Pavillion
1600-0013	West Main Street Urgent Care

Project Description	Balance as of 7/31/16	Aug-Sep Additions
CIP Holding	448,951.00	(445,893.03)
Renovations to Dr Bowen's office located in the HLRCC	495,723.17	145,129.30
Renovations to new MRI area and Behavoiral Health in Emer Rm - 4 Phases to project	3,387,211.50	588,798.05
Phase I of new phone system project	529,483.69	38,021.76
New construction for a Cheshire Urgent Care Ctr and a Primary Care/Specialty Practice	411,202.86	1,173,005.58
Renovations to 2nd floor of Lawlor Bldg for 911 Call Center	342,014.94	6,475.00
Renovations for a new Cardiac Cath Lab	1,680.00	647,552.69
Construction for a new Urgent Care Ctr in Naugatuck - Project was put off until after FY2017, expenses were for Architect designs	7,377.50	3,688.75
Project to convert our systems to EPIC to be consistent with Trinity Systems	-	-
Construction for a new Urgent Care Ctr in Waterbury located near Costco	-	-
Renovations to the Wound Care Lobby	-	-
Construction of new Ambulatory Pavillion	-	-
Renovations to West Main Street Urgent Care - Additions	-	-

Balance as of 9/30/16	Oct-Mar Additions	Balance as of 3/31/17	Project Start Date	Project expected end date	Project Budget
3,057.97	1,202.03	4,260.00			
640,852.47	568,487.73	1,209,340.20	Apr-16	FY 2017	940,000
3,976,009.55	818,747.88	4,794,757.43	Sep-15	Jun-17	5,800,000
567,505.45	(567,505.45)	-	Jan-16	Nov-16	567,505
1,584,208.44	323,873.45	1,908,081.89	Mar-16	FY 2017	2,320,388
348,489.94	(348,489.94)	-	Feb-16	Nov-16	250,000
649,232.69	41,566.49	690,799.18	May-16	FY 2017	815,823
11,066.25	41,884.50	52,950.75	FY 2018	FY 2019	2,100,000
-	2,638,475.44	2,638,475.44	Oct-16	FY 2018	20,000,000
-	588,004.49	588,004.49	Jan-17	Jul-17	3,400,000
-	6,273.90	6,273.90	Mar-17	FY 2017	49,750
-	48,528.48	48,528.48	Jan-17	FY 2019	38,000,000
-	14,495.27	14,495.27	Mar-17	FY 2018	585,000

To be paid from

Operating cash
Operating cash
Operating cash, plus a 767,013 from a State grant
Operating cash

Operating cash

Operating cash
Operating cash

Operating cash

Operating cash & possible loan from Trinity

Operating cash

Operating Cash
Needs Approval
Operating Cash

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CASH FLOW

	Six Months Ended March 31 2017
Operating activities:	
Increase in net assets	**$ 21,111,000**
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Depreciation and amortization	**19,210,000**
Bad debts	**8,642,000**
Unrealized and realized gains on investment	**1,142,000**
Restricted contributions and investment income	**2,682,000**
Equity transfer	**340,000**
Changes in:	
Accounts receivable--patients, net	**(28,171,000)**
Due from affiliated entities	**10,492,000**
Due from third party reimbursement agencies	**4,838,000**
Inventory of supplies	**(51,000)**
Prepaid expenses	**1,064,000**
Other assets	**(2,266,000)**
Accounts payable	**(3,539,000)**
Salary and wages, payroll taxes and amounts withheld from employees	**(6,747,000)**
Due to third party reimbursement agencies	**(1,444,000)**
Other current liabilities	**719,000**
Accrued pension and retiree health costs	**(18,003,000)**
Other long term liabilities	**800,000**
Net cash provided by operating activities	**10,819,000**
Investing activities:	
Purchases of property, plant and equipment, net	**(23,528,000)**
Decrease in assets whose use is limited	**(1,814,000)**
Decrease in investments	**14,854,000**
Net cash used in investing activities	**(10,488,000)**
Financing activities	
Principal payments on long-term debt	**(2,750,000)**
Net cash used in financing activities	**(2,750,000)**
Net decrease in cash and cash equivalents	**(2,419,000)**
Cash and cash equivalents at beginning of period	**17,282,000**
Cash and cash equivalents at end of period	**14,863,000**

TRINITY HEALTH - NEW ENGLAND, INC.
CONSOLIDATED STATEMENT OF CASH FLOW

	Six Months Ended March 31 2017
Operating activities:	
Increase in net assets	**$ 14,628,000**
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Depreciation and amortization	**30,251,000**
Bad debts	**16,997,000**
Unrealized and realized gains on investment	**1,142,000**
Restricted contributions and investment income	**2,738,000**
Equity transfer	**(5,433,000)**
Changes in:	
Accounts receivable--patients, net	**(30,659,000)**
Due from affiliated entities	**(3,334,000)**
Due from third party reimbursement agencies	**4,838,000**
Inventory of supplies	**(926,000)**
Prepaid expenses	**1,178,000**
Other assets	**682,000**
Accounts payable	**(4,606,000)**
Salary and wages, payroll taxes and amounts withheld from employees	**(7,710,000)**
Due to third party reimbursement agencies	**251,000**
Other current liabilities	**1,488,000**
Accrued pension and retiree health costs	**(25,380,000)**
Other long term liabilities	**(17,282,000)**
Net cash used in operating activities	**(21,137,000)**
Investing activities:	
Purchases of property, plant and equipment, net	**(36,404,000)**
Decrease in assets whose use is limited	**24,823,000**
Decrease in investments	**12,909,000**
Net cash provided by investing activities	**1,328,000**
Financing activities	
Principal payments on long-term debt	**(3,040,000)**
Net cash used in financing activities	**(3,040,000)**
Net decrease in cash and cash equivalents	**(22,849,000)**
Cash and cash equivalents at beginning of period	**72,316,000**
Cash and cash equivalents at end of period	**49,467,000**

Attachment A

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Cost Savings/Synergies 10/1/2016-3/31/2017

LINE	DESCRIPTION	Savings 10/1/2016-3/31/2017 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	
B.	Fringe Benefits (pension)	$2,300
C.	Contractual Labor Fees	
D.	Medical Supplies and Pharmaceutical Cost	$1,664
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$226
H.	Malpractice Insurance Cost	$650
I.	Utilities	
J.	Business Expenses (insurance and IT)	
K.	Other Operating Expense	$219
	Total savings 10/1-3/31	$5,059

CON Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Response to Items #10 and #11 of the Settlement and Order dated 11/24/2015 for the Six Month Period Ended March 31, 2017

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both JMH and its immediate parent, JMMC. For purposes of this Order, semi-annual periods are October 1- March 31 and April 1 - September 30. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both JMH and its immediate parent, JMMC: Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The semi-annual submission shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since January 1, 2016, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Johnson to identify and implement changes to realize cost savings opportunities. As previously reported, one immediate benefit was the successful restructuring of Johnson's debt as of December 31, 2015 with an intercompany loan from Trinity Health – New England, Inc. In addition, Saint Francis Hospital and Medical Center forgave a loan due from Johnson in the amount of $2,350,000 upon the closing of the transaction. The restructured debt has resulted in a decrease of interest expense in the amount of $30,000 for the six month period ended March 31, 2017.

Another significant savings realized to date was the inclusion of Johnson into the Trinity Health insurance program. This produced an overall decrease in annual premiums for malpractice, workers compensation and other business policies of approximately $1.0 million. Savings realized for the six month period ended March 31, 2017 of $114,000. Furthermore, additional insurance premium savings of $198,000 will be realized for the annual period 7/1/2017 through 6/30/2018.

There have been significant efforts to centralize support functions across Trinity Health-New England including Finance, Revenue Cycle, and Information Systems. This has resulted in reduction of costs at Johnson of $720,000 for the six months ended March 31, 2017.

In addition, Johnson has benefited from the utilization of both regional and system office Legal Services, Compliance and Audit departments. The decrease in legal fees, consulting and auditing costs associated with this transition was $615,000 for the six month period ended March 31, 2017.

Non-salary information technology costs of $308,000 were transferred to the region at the beginning of FY 2017. Other cost reductions due to regionalization were $47,000 and $43,000 in advertising and recruitment expenses. Johnson's portion of these costs are now included in the regional allocation.

The above savings are offset by a regional allocation of $639,660 for the six month period included in other operating expenses in **Attachment A.**

During the first calendar quarter of 2017, the Enfield Oncology staff transitioned to employees of Saint Francis. This transition allows both Saint Francis and Johnson to share resources across both campuses, provide enhanced compensation packages for employees and has resulted in a lower cost to Johnson through this arrangement. Annual savings associated with this staffing restructure is $137,000 and $86,000 was realized for the six month period ended March 31, 2017.

In addition to the cost savings, Johnson has been able to leverage the expertise and resources at Saint Francis Hospital and Medical Center, Trinity Health-New England and Trinity Health in each of the areas identified above.

Interest and insurance savings related to JMMC are included in the amounts described above. There are no additional cost savings within JMMC.

Johnson transitioned to the Trinity Total Rewards program for employee compensation and benefits. Johnson provided its employees with a 2% pay increase on September 1st. Effective 1/1/2017, Johnson employees are participating in Trinity Health's defined contribution plan which provides for a core employer contribution for all employees and matching contributions funded bi-weekly for those employees who make deferrals into the plan. The new health insurance program provides comprehensive coverage at a lower average employee contribution compared to what had previously been provided.

Lastly, Trinity Health – New England, Inc. (TH – NE) working with Trinity Health has engaged consultants to continue to assist in performance improvement, integration, regionalization strategy, productivity improvements and other cost reductions. Resources from Trinity Health system office are supporting these efforts and are on-site on a regular basis. Furthermore, Trinity Health has assumed 50% of these costs totaling over $1.0 million benefit to the Connecticut hospitals within TH - NE.

We continue to identify cost saving opportunities as we align our vendor contracts with Trinity Health system contracts. Supply chain savings Savings realized during the six month period was $75,000.

See **Attachment A** for expense savings by category. Also, refer to financial statistics noting significant improvement in financial performance since the acquisition of Johnson by TH – NE.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings.

Since joining Trinity Health – New England, Johnson has received the Gold Seal 3-year Joint Commission Accreditation, and has experienced improvements in both patient experience and clinical quality. Areas of clinical quality improvement have been in decreased sepsis in readmission rates, and a reduction in serious safety events were marginal.

Also, Johnson's average daily census and year to date discharges continue to remain strong and Johnson's overall financial performance has improved significantly since the affiliation.

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for JMH and its immediate parent, JMMC. The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment B.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment C** for Financial Indicators.

Attachment A

Johnson Memorial Hospital
Cost Savings/Synergies 10/1/2016-3/31/2017

LINE	DESCRIPTION	Savings 10/1/2016-3/31/2017 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	$1,675
B.	Fringe Benefits (workers comp)	$335
C.	Contractual Labor Fees	($1,204)
D.	Medical Supplies and Pharmaceutical Cost	$75
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$30
H.	Malpractice Insurance Cost	
I.	Utilities	
J.	Business Expenses (insurance)	$114
K.	Other Operating Expense	$373
	Total savings 10/1/2016-3/31/2017	$1,398

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$85,944	$369,304	$283,360	330%
2	Short Term Investments	$1,610,228	$1,396,623	($213,605)	-13%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$17,416,699	$9,060,046	($8,356,653)	-48%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$1,513,473	$1,717,728	$204,255	13%
8	Prepaid Expenses	$676,712	$694,419	$17,707	3%
9	Other Current Assets	$3,525,137	$2,632,601	($892,536)	-25%
	Total Current Assets	**$24,828,193**	**$15,870,721**	**($8,957,472)**	**-36%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$0	$0	$0	0%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$0	$0	$0	0%
	Total Noncurrent Assets Whose Use is Limited:	**$0**	**$0**	**$0**	**0%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$3,202,165	$3,180,806	($21,359)	-1%
7	Other Noncurrent Assets	$805,530	$693,519	($112,011)	-14%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$20,747,175	$26,423,836	$5,676,661	27%
2	Less: Accumulated Depreciation	$861,533	$2,364,255	$1,502,722	174%
	Property, Plant and Equipment, Net	**$19,885,642**	**$24,059,581**	**$4,173,939**	**21%**
3	Construction in Progress	$870,370	$88,188	($782,182)	-90%
	Total Net Fixed Assets	**$20,756,012**	**$24,147,769**	**$3,391,757**	**16%**
	Total Assets	**$49,591,900**	**$43,892,815**	**($5,699,085)**	**-11%**
II.	**LIABILITIES AND NET ASSETS**				

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$4,482,470	$3,250,101	($1,232,369)	-27%
2	Salaries, Wages and Payroll Taxes	$2,489,512	$2,527,469	$37,957	2%
3	Due To Third Party Payers	$843,823	$1,538,891	$695,068	82%
4	Due To Affiliates	$23,268,975	$10,527,920	($12,741,055)	-55%
5	Current Portion of Long Term Debt	$388,912	$392,827	$3,915	1%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$531,683	$469,090	($62,593)	-12%
	Total Current Liabilities	**$32,005,375**	**$18,706,298**	**($13,299,077)**	**-42%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$22,258,008	$21,525,532	($732,476)	-3%
3	Other Long Term Debt	$0	$0	$0	0%
	Total Long Term Debt	**$22,258,008**	**$21,525,532**	**($732,476)**	**-3%**
3	Accrued Pension Liability	$0	$0	$0	0%
4	Other Long Term Liabilities	$954,733	$1,000,286	$45,553	5%
	Total Long Term Liabilities	**$23,212,741**	**$22,525,818**	**($686,923)**	**-3%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	($6,168,689)	$2,084,231	$8,252,920	-134%
2	Temporarily Restricted Net Assets	$542,473	$576,468	$33,995	6%
3	Permanently Restricted Net Assets	$0	$0	$0	0%
	Total Net Assets	**($5,626,216)**	**$2,660,699**	**$8,286,915**	**-147%**
	Total Liabilities and Net Assets	**$49,591,900**	**$43,892,815**	**($5,699,085)**	**-11%**

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$168,025,861	$87,365,340	($80,660,521)	-48%
2	Less: Allowances	$106,771,249	$53,863,364	($52,907,885)	-50%
3	Less: Charity Care	$160,880	$73,514	($87,366)	-54%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$61,093,732**	**$33,428,462**	**($27,665,270)**	**-45%**
5	Provision for Bad Debts	$1,977,084	$1,137,539	($839,545)	-42%
	Net Patient Service Revenue less provision for bad debts	**$59,116,648**	**$32,290,923**	**($26,825,725)**	**-45%**
6	Other Operating Revenue	$2,726,640	$634,205	($2,092,435)	-77%
7	Net Assets Released from Restrictions	$18,000	$23,149	$5,149	29%
	Total Operating Revenue	**$61,861,288**	**$32,948,277**	**($28,913,011)**	**-47%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$25,747,624	$11,734,864	($14,012,760)	-54%
2	Fringe Benefits	$6,228,877	$2,764,667	($3,464,210)	-56%
3	Physicians Fees	$5,219,086	$1,363,342	($3,855,744)	-74%
4	Supplies and Drugs	$10,205,613	$5,686,294	($4,519,319)	-44%
5	Depreciation and Amortization	$3,012,066	$1,288,094	($1,723,972)	-57%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$913,249	$420,217	($493,032)	-54%
8	Malpractice Insurance Cost	$293,627	($27,394)	($321,021)	-109%
9	Other Operating Expenses	$15,310,826	$9,319,622	($5,991,204)	-39%
	Total Operating Expenses	**$66,930,968**	**$32,549,706**	**($34,381,262)**	**-51%**
	Income/(Loss) From Operations	**($5,069,680)**	**$398,571**	**$5,468,251**	**-108%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$33,526	$0	($33,526)	-100%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($241,788)	($48,615)	$193,173	-80%
	Total Non-Operating Revenue	**($208,262)**	**($48,615)**	**$159,647**	**-77%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($5,277,942)**	**$349,956**	**$5,627,898**	**-107%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	($605,078)	$0	$605,078	-100%
	Total Other Adjustments	**($605,078)**	**$0**	**$605,078**	**-100%**

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
	Excess/(Deficiency) of Revenue Over Expense	($5,883,020)	$349,956	$6,232,976	-106%

Johnson Memorial Hospital

	Mar 17 YTD	Sept16* YTD	Comments
Monthly Financial Measurement/Indicators			
A. Operating Performance:			
Operating Margin	1.2%	-7.0%	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	6.4%	-0.5%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	1.3%	1.0%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	0.8	0.8	current assets/current liabilites
Days Cash on Hand	15.5	9.9	(cash and cash equiv+board restr. cash)/(total exp-depr)/YT
Days in Net Accounts Receivables	76.9	109.4	net ar/net patient ser rev/days in yr
Average Payment Period	164.0	186.9	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	823.7%	-402.5%	total debt/total equity(net assets)
Long-term Debt to Capitalization	89.0%	133.8%	LTD/LTD+net assets
Unrestricted Cash to Debt	8.1%	7.5%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	2.0	(4.5)	EBIT/Interest expense
Debt Service Coverage Ratio	2.59 x	-0.3 x	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	6.1%	-11.3%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations*	$ 399	$ (3,214)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 350	$ (3,474)	Net gain(loss)
EBIDA	$ 2,107	$ (247)	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 1,766	$ 1,696	from bs
Net Working Capital	$ (2,835)	$ (7,177)	current assets-current liabilities
Unrestricted Assets	$ 2,084	$ (6,169)	from bs

*reflects 01/16-09/30/16

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

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		FY 2016	FY 2017	AMOUNT	%
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A.	**Current Assets:**				
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3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$17,416,699	$9,060,046	($8,356,653)	-48%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$1,513,473	$1,717,728	$204,255	13%
8	Prepaid Expenses	$676,712	$694,419	$17,707	3%
9	Other Current Assets	$3,525,137	$2,632,601	($892,536)	-25%
	Total Current Assets	**$24,828,193**	**$15,870,721**	**($8,957,472)**	**-36%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$0	$0	$0	0%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$0	$0	$0	0%
	Total Noncurrent Assets Whose Use is Limited:	**$0**	**$0**	**$0**	**0%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$3,202,165	$3,180,806	($21,359)	-1%
7	Other Noncurrent Assets	$805,530	$693,519	($112,011)	-14%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$20,747,175	$26,423,836	$5,676,661	27%
2	Less: Accumulated Depreciation	$861,533	$2,364,255	$1,502,722	174%
	Property, Plant and Equipment, Net	**$19,885,642**	**$24,059,581**	**$4,173,939**	**21%**
3	Construction in Progress	$870,370	$88,188	($782,182)	-90%
	Total Net Fixed Assets	**$20,756,012**	**$24,147,769**	**$3,391,757**	**16%**
	Total Assets	**$49,591,900**	**$43,892,815**	**($5,699,085)**	**-11%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
1	Accounts Payable and Accrued Expenses	$4,482,470	$3,250,101	($1,232,369)	-27%
2	Salaries, Wages and Payroll Taxes	$2,489,512	$2,527,469	$37,957	2%
3	Due To Third Party Payers	$843,823	$1,538,891	$695,068	82%
4	Due To Affiliates	$23,268,975	$10,527,920	($12,741,055)	-55%
5	Current Portion of Long Term Debt	$388,912	$392,827	$3,915	1%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$531,683	$469,090	($62,593)	-12%
	Total Current Liabilities	**$32,005,375**	**$18,706,298**	**($13,299,077)**	**-42%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$22,258,008	$21,525,532	($732,476)	-3%
3	Other Long Term Debt	$0	$0	$0	0%
	Total Long Term Debt	**$22,258,008**	**$21,525,532**	**($732,476)**	**-3%**
3	Accrued Pension Liability	$0	$0	$0	0%
4	Other Long Term Liabilities	$954,733	$1,000,286	$45,553	5%
	Total Long Term Liabilities	**$23,212,741**	**$22,525,818**	**($686,923)**	**-3%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	($6,168,689)	$2,084,231	$8,252,920	-134%
2	Temporarily Restricted Net Assets	$542,473	$576,468	$33,995	6%
3	Permanently Restricted Net Assets	$0	$0	$0	0%
	Total Net Assets	**($5,626,216)**	**$2,660,699**	**$8,286,915**	**-147%**
	Total Liabilities and Net Assets	**$49,591,900**	**$43,892,815**	**($5,699,085)**	**-11%**

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$168,025,861	$87,365,340	($80,660,521)	-48%
2	Less: Allowances	$106,771,249	$53,863,364	($52,907,885)	-50%
3	Less: Charity Care	$160,880	$73,514	($87,366)	-54%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$61,093,732**	**$33,428,462**	**($27,665,270)**	**-45%**
5	Provision for Bad Debts	$1,977,084	$1,137,539	($839,545)	-42%
	Net Patient Service Revenue less provision for bad debts	**$59,116,648**	**$32,290,923**	**($26,825,725)**	**-45%**
6	Other Operating Revenue	$2,726,640	$634,205	($2,092,435)	-77%
7	Net Assets Released from Restrictions	$18,000	$23,149	$5,149	29%
	Total Operating Revenue	**$61,861,288**	**$32,948,277**	**($28,913,011)**	**-47%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$25,747,624	$11,734,864	($14,012,760)	-54%
2	Fringe Benefits	$6,228,877	$2,764,667	($3,464,210)	-56%
3	Physicians Fees	$5,219,086	$1,363,342	($3,855,744)	-74%
4	Supplies and Drugs	$10,205,613	$5,686,294	($4,519,319)	-44%
5	Depreciation and Amortization	$3,012,066	$1,288,094	($1,723,972)	-57%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$913,249	$420,217	($493,032)	-54%
8	Malpractice Insurance Cost	$293,627	($27,394)	($321,021)	-109%
9	Other Operating Expenses	$15,310,826	$9,319,622	($5,991,204)	-39%
	Total Operating Expenses	**$66,930,968**	**$32,549,706**	**($34,381,262)**	**-51%**
	Income/(Loss) From Operations	**($5,069,680)**	**$398,571**	**$5,468,251**	**-108%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$33,526	$0	($33,526)	-100%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($241,788)	($48,615)	$193,173	-80%
	Total Non-Operating Revenue	**($208,262)**	**($48,615)**	**$159,647**	**-77%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($5,277,942)**	**$349,956**	**$5,627,898**	**-107%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	($605,078)	$0	$605,078	-100%
	Total Other Adjustments	**($605,078)**	**$0**	**$605,078**	**-100%**
	Excess/(Deficiency) of Revenue Over Expense	**($5,883,020)**	**$349,956**	**$6,232,976**	**-106%**

JOHNSON MEMORIAL HOSPITAL

NINE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

31-Mar-17

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
I.	**ASSETS**			
A.	**Current Assets:**			
1	Cash and Cash Equivalents	$20,572,000	$19,853,000	($719,000)
2	Short Term Investments	$23,000	$0	($23,000)
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$26,298,000	$27,705,000	$1,407,000
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0
5	Due From Affiliates	$0	$0	$0
6	Due From Third Party Payers	$0	$0	$0
7	Inventories of Supplies	$3,889,000	$4,559,000	$670,000
8	Prepaid Expenses	$2,930,000	$2,561,000	($369,000)
9	Other Current Assets	$3,114,000	$2,185,000	($929,000)
	Total Current Assets	**$56,826,000**	**$56,863,000**	**$37,000**
B.	**Noncurrent Assets Whose Use is Limited:**			
1	Held by Trustee	$15,480,000	$15,681,000	$201,000
2	Board Designated for Capital Acquisition	$0	$0	$0
3	Funds Held in Escrow	$0	$0	$0
4	Other Noncurrent Assets Whose Use is Limited	$6,000	$6,000	$0
	Total Noncurrent Assets Whose Use is Limited:	**$15,486,000**	**$15,687,000**	**$201,000**
5	Interest in Net Assets of Foundation	$5,549,000	$5,810,000	$261,000
6	Long Term Investments	$10,973,000	$11,487,000	$514,000
7	Other Noncurrent Assets	$25,740,000	$10,565,000	($15,175,000)
C.	**Net Fixed Assets:**			
1	Property, Plant and Equipment	$91,358,000	$97,843,000	$6,485,000
2	Less: Accumulated Depreciation	$2,656,000	$10,694,000	$8,038,000
	Property, Plant and Equipment, Net	**$88,702,000**	**$87,149,000**	**($1,553,000)**
3	Construction in Progress	$7,780,000	$11,956,000	$4,176,000
	Total Net Fixed Assets	**$96,482,000**	**$99,105,000**	**$2,623,000**
	Total Assets	**$211,056,000**	**$199,517,000**	**($11,539,000)**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

31-Mar-17

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**			
A.	**Current Liabilities:**			
1	Accounts Payable and Accrued Expenses	$15,420,000	$18,915,000	$3,495,000
2	Salaries, Wages and Payroll Taxes	$5,045,000	$4,123,000	($922,000)
3	Due To Third Party Payers	$1,262,000	$416,000	($846,000)
4	Due To Affiliates	$0	$0	$0
5	Current Portion of Long Term Debt	$89,000	$0	($89,000)
6	Current Portion of Notes Payable	$0	$0	$0
7	Other Current Liabilities	$15,913,000	$11,558,000	($4,355,000)
	Total Current Liabilities	**$37,729,000**	**$35,012,000**	**($2,717,000)**
B.	**Long Term Debt:**			
1	Bonds Payable (Net of Current Portion)	$0	$0	$0
2	Notes Payable (Net of Current Portion)	$0	$0	$0
	Total Long Term Debt	**$0**	**$0**	**$0**
3	Accrued Pension Liability	$83,306,000	$80,137,000	($3,169,000)
4	Other Long Term Liabilities	$9,341,000	$8,303,000	($1,038,000)
	Total Long Term Liabilities	**$92,647,000**	**$88,440,000**	**($4,207,000)**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0
C.	**Net Assets:**			
1	Unrestricted Net Assets or Equity	$62,162,000	$57,279,000	($4,883,000)
2	Temporarily Restricted Net Assets	$1,970,000	$2,055,000	$85,000
3	Permanently Restricted Net Assets	$16,548,000	$16,731,000	$183,000
	Total Net Assets	**$80,680,000**	**$76,065,000**	**($4,615,000)**
	Total Liabilities and Net Assets	**$211,056,000**	**$199,517,000**	**($11,539,000)**

(6)
%
DIFFERENCE
-3%
-100%
5%
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-13%
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(6) % DIFFERENCE
23%
-18%
-67%
0%
-100%
0%
-27%
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-11%
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-6%
-5%

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

6 MONTHS ENDED MARCH 31, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
A.	**Operating Revenue:**			
1	Total Gross Patient Revenue	$406,827,000	$440,801,000	$33,974,000
2	Less: Allowances	$268,852,000	$300,974,000	$32,122,000
3	Less: Charity Care	$855,000	$2,834,000	$1,979,000
4	Less: Other Deductions	$0	$0	$0
	Total Net Patient Revenue	**$137,120,000**	**$136,993,000**	**($127,000)**
5	Provision for Bad Debts	$4,961,000	$3,494,000	($1,467,000)
	Net Patient Service Revenue less provision for bad debts	**$132,159,000**	**$133,499,000**	**$1,340,000**
6	Other Operating Revenue	$5,743,000	$4,849,000	($894,000)
7	Net Assets Released from Restrictions	$0	$0	$0
	Total Operating Revenue	**$137,902,000**	**$138,348,000**	**$446,000**
B.	**Operating Expenses:**			
1	Salaries and Wages	$45,110,000	$48,444,000	$3,334,000
2	Fringe Benefits	$14,267,000	$7,923,000	($6,344,000)
3	Physicians Fees	$9,153,000	$7,176,000	($1,977,000)
4	Supplies and Drugs	$22,612,000	$23,419,000	$807,000
5	Depreciation and Amortization	$5,737,000	$8,042,000	$2,305,000
6	Bad Debts	$0	$0	$0
7	Interest Expense	$119,000	$2,000	($117,000)
8	Malpractice Insurance Cost	$2,351,000	$1,560,000	($791,000)
9	Other Operating Expenses	$25,121,000	$26,618,000	$1,497,000
	Total Operating Expenses	**$124,470,000**	**$123,184,000**	**($1,286,000)**
	Income/(Loss) From Operations	**$13,432,000**	**$15,164,000**	**$1,732,000**
C.	**Non-Operating Revenue:**			
1	Income from Investments	$218,000	$490,000	$272,000
2	Gifts, Contributions and Donations		$0	$0
3	Other Non-Operating Gains/(Losses)	$55,000	$50,000	($5,000)
	Total Non-Operating Revenue	**$273,000**	**$540,000**	**$267,000**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$13,705,000**	**$15,704,000**	**$1,999,000**
	Other Adjustments:			
	Unrealized Gains/(Losses)	$0	$0	$0
	All Other Adjustments	$0	$0	$0
	Total Other Adjustments	**$0**	**$0**	**$0**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

6 MONTHS ENDED MARCH 31, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
	Excess/(Deficiency) of Revenue Over Expenses	$13,705,000	$15,704,000	$1,999,000

(6) % DIFFERENCE
8%
12%
231%
0%
0%
-30%
1%
-16%
0%
0%
7%
-44%
-22%
4%
40%
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-98%
-34%
6%
-1%
13%
125%
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-9%
98%
15%
0%
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0%

(6)
%
DIFFERENCE
15%

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

31-Mar-16

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
I.	**ASSETS**			
A.	**Current Assets:**			
1	Cash and Cash Equivalents	$22,818,000	$22,077,000	($741,000)
2	Short Term Investments	$23,000	$0	($23,000)
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$30,634,000	$32,040,000	$1,406,000
4	Current Assets Whose Use is Limited for Current Liabilities	$3,418,000	$0	($3,418,000)
5	Due From Affiliates	$0	$0	$0
6	Due From Third Party Payers	$0	$0	$0
7	Inventories of Supplies	$3,889,000	$4,560,000	$671,000
8	Prepaid Expenses	$3,515,000	$2,998,000	($517,000)
9	Other Current Assets	$3,192,000	$2,200,000	($992,000)
	Total Current Assets	**$67,489,000**	**$63,875,000**	**($3,614,000)**
B.	**Noncurrent Assets Whose Use is Limited:**			
1	Held by Trustee	$15,480,000	$15,681,000	$201,000
2	Board Designated for Capital Acquisition	$0	$0	$0
3	Funds Held in Escrow	$0	$0	$0
4	Other Noncurrent Assets Whose Use is Limited	$19,537,000	$6,000	($19,531,000)
	Total Noncurrent Assets Whose Use is Limited:	**$35,017,000**	**$15,687,000**	**($19,330,000)**
5	Interest in Net Assets of Foundation	$0	$0	$0
6	Long Term Investments	$15,428,000	$16,137,000	$709,000
7	Other Noncurrent Assets	$6,263,000	$9,726,000	$3,463,000
C.	**Net Fixed Assets:**			
1	Property, Plant and Equipment	$95,973,000	$102,544,000	$6,571,000
2	Less: Accumulated Depreciation	$2,835,000	$11,477,000	$8,642,000
	Property, Plant and Equipment, Net	**$93,138,000**	**$91,067,000**	**($2,071,000)**
3	Construction in Progress	$7,873,000	$12,062,000	$4,189,000
	Total Net Fixed Assets	**$101,011,000**	**$103,129,000**	**$2,118,000**
	Total Assets	**$225,208,000**	**$208,554,000**	**($16,654,000)**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

31-Mar-16

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**			
A.	**Current Liabilities:**			
1	Accounts Payable and Accrued Expenses	$16,465,000	$19,545,000	$3,080,000
2	Salaries, Wages and Payroll Taxes	$8,160,000	$6,515,000	($1,645,000)
3	Due To Third Party Payers	$1,262,000	$416,000	($846,000)
4	Due To Affiliates	$0	$0	$0
5	Current Portion of Long Term Debt	$337,000	$228,000	($109,000)
6	Current Portion of Notes Payable	$0	$0	$0
7	Other Current Liabilities	$13,842,000	$12,603,000	($1,239,000)
	Total Current Liabilities	**$40,066,000**	**$39,307,000**	**($759,000)**
B.	**Long Term Debt:**			
1	Bonds Payable (Net of Current Portion)	$0	$0	$0
2	Notes Payable (Net of Current Portion)	$586,000	$514,000	($72,000)
	Total Long Term Debt	**$586,000**	**$514,000**	**($72,000)**
3	Accrued Pension Liability	$83,306,000	$80,137,000	($3,169,000)
4	Other Long Term Liabilities	$21,395,000	$9,203,000	($12,192,000)
	Total Long Term Liabilities	**$105,287,000**	**$89,854,000**	**($15,433,000)**
5	Interest in Net Assets of Affiliates or Joint Ventures	$2,588,000	$2,479,000	($109,000)
C.	**Net Assets:**			
1	Unrestricted Net Assets or Equity	$58,749,000	$58,128,000	($621,000)
2	Temporarily Restricted Net Assets	$1,970,000	$2,055,000	$85,000
3	Permanently Restricted Net Assets	$16,548,000	$16,731,000	$183,000
	Total Net Assets	**$77,267,000**	**$76,914,000**	**($353,000)**
	Total Liabilities and Net Assets	**$225,208,000**	**$208,554,000**	**($16,654,000)**

(6) % DIFFERENCE
-3%
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(6) % DIFFERENCE
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-20%
-67%
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SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

6 MONTHS ENDED MARCH 31, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
A.	**Operating Revenue:**			
1	Total Gross Patient Revenue	$454,966,000	$491,688,000	$36,722,000
2	Less: Allowances	$297,453,000	$330,877,000	$33,424,000
3	Less: Charity Care	$855,000	$2,834,000	$1,979,000
4	Less: Other Deductions	$0	$0	$0
	Total Net Patient Revenue	**$156,658,000**	**$157,977,000**	**$1,319,000**
5	Provision for Bad Debts	$5,798,000	$4,885,000	($913,000)
	Net Patient Service Revenue less provision for bad debts	**$150,860,000**	**$153,092,000**	**$2,232,000**
6	Other Operating Revenue	$6,156,000	$5,429,000	($727,000)
7	Net Assets Released from Restrictions	$0	$0	$0
	Total Operating Revenue	**$157,016,000**	**$158,521,000**	**$1,505,000**
B.	**Operating Expenses:**			
1	Salaries and Wages	$64,454,000	$69,508,000	$5,054,000
2	Fringe Benefits	$16,909,000	$10,886,000	($6,023,000)
3	Physicians Fees	$9,294,000	$7,401,000	($1,893,000)
4	Supplies and Drugs	$23,572,000	$24,435,000	$863,000
5	Depreciation and Amortization	$6,107,000	$8,676,000	$2,569,000
6	Bad Debts	$0	$0	$0
7	Interest Expense	$128,000	$22,000	($106,000)
8	Malpractice Insurance Cost	$3,343,000	$2,368,000	($975,000)
9	Other Operating Expenses	$29,484,000	$31,355,000	$1,871,000
	Total Operating Expenses	**$153,291,000**	**$154,651,000**	**$1,360,000**
	Income/(Loss) From Operations	**$3,725,000**	**$3,870,000**	**$145,000**
C.	**Non-Operating Revenue:**			
1	Income from Investments	$218,000	$490,000	$272,000
2	Gifts, Contributions and Donations		$0	$0
3	Other Non-Operating Gains/(Losses)	$55,000	$50,000	($5,000)
	Total Non-Operating Revenue	**$273,000**	**$540,000**	**$267,000**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$3,998,000**	**$4,410,000**	**$412,000**
	Other Adjustments:			
	Unrealized Gains/(Losses)	$0	$0	$0
	All Other Adjustments	$0	$0	$0
	Total Other Adjustments	**$0**	**$0**	**$0**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

6 MONTHS ENDED MARCH 31, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)
		FY 2016	FY 2017	AMOUNT
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE
	Excess/(Deficiency) of Revenue Over Expenses	$3,998,000	$4,410,000	$412,000

(6) % DIFFERENCE
8%
11%
231%
0%
1%
-16%
1%
-12%
0%
1%
8%
-36%
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(6)
%
DIFFERENCE
10%

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	MARCH	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$17,282,000	$14,863,000	($2,419,000)	-14%
2	Short Term Investments	$37,626,000	$22,759,000	($14,867,000)	-40%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$64,589,000	$84,118,000	$19,529,000	30%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$47,486,000	$36,994,000	($10,492,000)	-22%
6	Due From Third Party Payers	$5,513,000	$675,000	($4,838,000)	-88%
7	Inventories of Supplies	$8,913,000	$8,964,000	$51,000	1%
8	Prepaid Expenses	$3,861,000	$2,797,000	($1,064,000)	-28%
9	Other Current Assets	$3,498,000	$3,950,000	$452,000	13%
	Total Current Assets	**$188,768,000**	**$175,120,000**	**($13,648,000)**	**-7%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$55,311,000	$56,453,000	$1,142,000	2%
2	Board Designated for Capital Acquisition	$42,931,000	$45,721,000	$2,790,000	6%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$2,118,000	$0	($2,118,000)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$100,360,000**	**$102,174,000**	**$1,814,000**	**2%**
5	Interest in Net Assets of Foundation	$13,266,000	$10,935,000	($2,331,000)	-18%
6	Long Term Investments	$48,717,000	$51,061,000	$2,344,000	5%
7	Other Noncurrent Assets	$7,050,000	$8,864,000	$1,814,000	26%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$418,811,000	$428,235,000	$9,424,000	2%
2	Less: Accumulated Depreciation	$43,734,000	$62,758,000	$19,024,000	43%
	Property, Plant and Equipment, Net	**$375,077,000**	**$365,477,000**	**($9,600,000)**	**-3%**
3	Construction in Progress	$14,905,000	$28,823,000	$13,918,000	93%
	Total Net Fixed Assets	**$389,982,000**	**$394,300,000**	**$4,318,000**	**1%**
	Total Assets	**$748,143,000**	**$742,454,000**	**($5,689,000)**	**-1%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$34,163,000	$30,624,000	($3,539,000)	-10%
2	Salaries, Wages and Payroll Taxes	$38,144,000	$31,397,000	($6,747,000)	-18%
3	Due To Third Party Payers	$8,953,000	$7,509,000	($1,444,000)	-16%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$6,925,000	$6,690,000	($235,000)	-3%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$9,045,000	$9,764,000	$719,000	8%
	Total Current Liabilities	**$97,230,000**	**$85,984,000**	**($11,246,000)**	**-12%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$237,732,000	$235,217,000	($2,515,000)	-1%
	Total Long Term Debt	**$237,732,000**	**$235,217,000**	**($2,515,000)**	**-1%**
3	Accrued Pension Liability	$227,408,000	$209,405,000	($18,003,000)	-8%
4	Other Long Term Liabilities	$51,868,000	$52,668,000	$800,000	2%
	Total Long Term Liabilities	**$517,008,000**	**$497,290,000**	**($19,718,000)**	**-4%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$49,222,000	$70,673,000	$21,451,000	44%
2	Temporarily Restricted Net Assets	$29,372,000	$32,054,000	$2,682,000	9%
3	Permanently Restricted Net Assets	$55,311,000	$56,453,000	$1,142,000	2%
	Total Net Assets	**$133,905,000**	**$159,180,000**	**$25,275,000**	**19%**
	Total Liabilities and Net Assets	**$748,143,000**	**$742,454,000**	**($5,689,000)**	**-1%**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 OCT -MAR	AMOUNT DIFFERENCE	% DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,252,204,000	$1,225,669,000	($1,026,535,000)	-46%
2	Less: Allowances	$1,498,710,000	$828,362,000	($670,348,000)	-45%
3	Less: Charity Care	$8,463,000	$9,103,000	$640,000	8%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$745,031,000**	**$388,204,000**	**($356,827,000)**	**-48%**
5	Provision for Bad Debts	$14,575,000	$8,642,000	($5,933,000)	-41%
	Net Patient Service Revenue less provision for bad debts	**$730,456,000**	**$379,562,000**	**($350,894,000)**	**-48%**
6	Other Operating Revenue	$38,574,000	$18,266,000	($20,308,000)	-53%
7	Net Assets Released from Restrictions	$3,397,000	$1,993,000	($1,404,000)	-41%
	Total Operating Revenue	**$772,427,000**	**$399,821,000**	**($372,606,000)**	**-48%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$258,412,000	$122,840,000	($135,572,000)	-52%
2	Fringe Benefits	$63,421,000	$27,879,000	($35,542,000)	-56%
3	Physicians Fees	$52,062,000	$22,292,000	($29,770,000)	-57%
4	Supplies and Drugs	$115,390,000	$65,971,000	($49,419,000)	-43%
5	Depreciation and Amortization	$44,179,000	$19,210,000	($24,969,000)	-57%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$8,115,000	$4,421,000	($3,694,000)	-46%
8	Malpractice Insurance Cost	$8,753,000	$4,721,000	($4,032,000)	-46%
9	Other Operating Expenses	$211,691,000	$115,900,000	($95,791,000)	-45%
	Total Operating Expenses	**$762,023,000**	**$383,234,000**	**($378,789,000)**	**-50%**
	Income/(Loss) From Operations	**$10,404,000**	**$16,587,000**	**$6,183,000**	**59%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$6,882,000	$4,945,000	($1,937,000)	-28%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($4,960,000)	($421,000)	$4,539,000	-92%
	Total Non-Operating Revenue	**$1,922,000**	**$4,524,000**	**$2,602,000**	**135%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$12,326,000**	**$21,111,000**	**$8,785,000**	**71%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$12,326,000**	**$21,111,000**	**$8,785,000**	**71%**
	Principal Payments	$0	$0	$0	0%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 MARCH	AMOUNT DIFFERENCE	% DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$72,316,000	$49,467,000	($22,849,000)	-32%
2	Short Term Investments	$49,401,000	$30,955,000	($18,446,000)	-37%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$124,168,000	$137,830,000	$13,662,000	11%
4	Current Assets Whose Use is Limited for Current Liabilities	$5,754,000	$0	($5,754,000)	-100%
5	Due From Affiliates	$3,147,000	$6,481,000	$3,334,000	106%
6	Due From Third Party Payers	$5,513,000	$675,000	($4,838,000)	-88%
7	Inventories of Supplies	$14,316,000	$15,242,000	$926,000	6%
8	Prepaid Expenses	$8,569,000	$7,391,000	($1,178,000)	-14%
9	Other Current Assets	$13,155,000	$13,435,000	$280,000	2%
	Total Current Assets	**$296,339,000**	**$261,476,000**	**($34,863,000)**	**-12%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$71,841,414	$73,184,000	$1,342,586	2%
2	Board Designated for Capital Acquisition	$67,971,586	$72,277,000	$4,305,414	6%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$24,717,000	$0	($24,717,000)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$164,530,000**	**$145,461,000**	**($19,069,000)**	**-12%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$52,748,000	$58,285,000	$5,537,000	10%
7	Other Noncurrent Assets	$18,518,000	$17,556,000	($962,000)	-5%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$551,097,000	$570,246,000	$19,149,000	3%
2	Less: Accumulated Depreciation	$49,168,000	$79,463,000	$30,295,000	$1
	Property, Plant and Equipment, Net	**$501,929,000**	**$490,783,000**	**($11,146,000)**	**-2%**
3	Construction in Progress	$23,674,000	$40,973,000	$17,299,000	73%
	Total Net Fixed Assets	**$525,603,000**	**$531,756,000**	**$6,153,000**	**1%**
	Total Assets	**$1,057,738,000**	**$1,014,534,000**	**($43,204,000)**	**-4%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 300 - PARENT CORPORATION CONSOLIDATED BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 MARCH	AMOUNT DIFFERENCE	% DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$68,313,000	$63,707,000	($4,606,000)	-7%
2	Salaries, Wages and Payroll Taxes	$75,613,000	$67,903,000	($7,710,000)	-10%
3	Due To Third Party Payers	$15,903,000	$16,154,000	$251,000	2%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$7,821,000	$7,479,000	($342,000)	-4%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$11,999,000	$13,487,000	$1,488,000	12%
	Total Current Liabilities	**$179,649,000**	**$168,730,000**	**($10,919,000)**	**-6%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$256,156,000	$253,458,000	($2,698,000)	-1%
	Total Long Term Debt	**$256,156,000**	**$253,458,000**	**($2,698,000)**	**-1%**
3	Accrued Pension Liability	$314,044,000	$288,664,000	($25,380,000)	-8%
4	Other Long Term Liabilities	$79,162,000	$61,880,000	($17,282,000)	-22%
	Total Long Term Liabilities	**$649,362,000**	**$604,002,000**	**($45,360,000)**	**-7%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$123,226,000	$132,238,000	$9,012,000	7%
2	Temporarily Restricted Net Assets	$33,642,000	$36,380,000	$2,738,000	8%
3	Permanently Restricted Net Assets	$71,859,000	$73,184,000	$1,325,000	2%
	Total Net Assets	**$228,727,000**	**$241,802,000**	**$13,075,000**	**6%**
	Total Liabilities and Net Assets	**$1,057,738,000**	**$1,014,534,000**	**($43,204,000)**	**-4%**

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 OCT -MAR	AMOUNT DIFFERENCE	% DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,903,594,000	$1,990,018,000	($913,576,000)	-31%
2	Less: Allowances	$1,902,814,000	$1,329,832,000	($572,982,000)	-30%
3	Less: Charity Care	$16,893,000	$14,729,000	($2,164,000)	-13%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$983,887,000**	**$645,457,000**	**($338,430,000)**	**-34%**
5	Provision for Bad Debts	$21,382,000	$16,997,000	($4,385,000)	-21%
	Net Patient Service Revenue less provision for bad debts	**$962,505,000**	**$628,460,000**	**($334,045,000)**	**-35%**
6	Other Operating Revenue	$48,990,000	$36,152,000	($12,838,000)	-26%
7	Net Assets Released from Restrictions	$7,991,000	$2,494,000	($5,497,000)	-69%
	Total Operating Revenue	**$1,019,486,000**	**$667,106,000**	**($352,380,000)**	**-35%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$447,852,000	$314,233,000	($133,619,000)	-30%
2	Fringe Benefits	$94,930,000	$52,558,000	($42,372,000)	-45%
3	Physicians Fees	$33,406,000	$24,902,000	($8,504,000)	-25%
4	Supplies and Drugs	$162,109,000	$107,533,000	($54,576,000)	-34%
5	Depreciation and Amortization	$50,735,000	$30,251,000	($20,484,000)	-40%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$9,056,000	$5,047,000	($4,009,000)	-44%
8	Malpractice Insurance Cost	$12,300,000	$9,480,000	($2,820,000)	-23%
9	Other Operating Expenses	$212,471,000	$114,986,000	($97,485,000)	-46%
	Total Operating Expenses	**$1,022,859,000**	**$658,990,000**	**($363,869,000)**	**-36%**
	Income/(Loss) From Operations	**($3,373,000)**	**$8,116,000**	**$11,489,000**	**-341%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$5,917,000	$6,960,000	$1,043,000	18%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$54,901,000	($448,000)	($55,349,000)	-101%
	Total Non-Operating Revenue	**$60,818,000**	**$6,512,000**	**($54,306,000)**	**-89%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$57,445,000**	**$14,628,000**	**($42,817,000)**	**-75%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%

TRINITY HEALTH - NEW ENGLAND, INC. (FORMERLY SAINT FRANCIS CARE, INC.)

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 350 - PARENT CORPORATION CONSOLIDATED STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	OCT -MAR	DIFFERENCE	DIFFERENCE
	Total Other Adjustments	$0	$0	$0	0%
	Excess/(Deficiency) of Revenue Over Expenses	$57,445,000	$14,628,000	($42,817,000)	-75%

User, OHCA

From: Roberts, Karen
Sent: Wednesday, November 22, 2017 10:01 AM
To: User, OHCA
Cc: Cotto, Carmen
Subject: FW: CON Order Requirements Due 11/30 - Request for Extension

---

From: Martone, Kim
Sent: Wednesday, November 22, 2017 9:59 AM
To: 'MRosadin@stfranciscare.org' <MRosadin@stfranciscare.org>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>
Subject: FW: CON Order Requirements Due 11/30 - Request for Extension

Happy holidays Mary Lou, your extension is approved.

Kim

Kimberly R. Martone
Director of Operations, Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13 CMN, Hartford, Connecticut 06134
Phone: 860-418-7029 Fax: 860-418-7053
Email: Kimberly.Martone@ct.gov Website: www.ct.gov/ohca

From: Rosadini, Mary Lou [mailto:MRosadin@stfranciscare.org]
Sent: Tuesday, November 21, 2017 2:41 PM
To: Roberts, Karen <Karen.Roberts@ct.gov>
Cc: Schneider, Jennifer <JSchneider@stfranciscare.org>; Capone, Claudio <Claudio.Capone@TrinityHealthOfNE.org>
Subject: CON Order Requirements Due 11/30 - Request for Extension

Good afternoon Karen,

We are requesting an extension on our filing of the requirements under the Saint Francis, Johnson and Saint Mary's CONs. We expect to file on Friday, December 8, 2017. Please let us know if this is acceptable.

Thank you and Happy Thanksgiving.

Mary Lou Rosadini
Executive Associate to Vice President, Finance
Saint Francis Hospital and Medical Center

mrosadin@stfranciscare.org
W 860-714-1066

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Hartford, CT 06105

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User, OHCA

From: Roberts, Karen
Sent: Friday, December 08, 2017 11:51 AM
To: User, OHCA
Cc: Cotto, Carmen
Subject: Docket #s 32002, 31979, 32045

From: Roberts, Karen
Sent: Friday, December 8, 2017 11:49 AM
To: Capone, Claudio (Claudio.Capone@TrinityHealth-NE.org) <Claudio.Capone@TrinityHealth-NE.org>
Cc: Cotto, Carmen <Carmen.Cotto@ct.gov>
Subject: FW: CON Order Requirements Due 12/8

Hi Claudio – I received you voicemail this morning and it is fine to send in the bulk of the compliance filing for the three merger CONs to OHCA today and then send up the final piece (capital investments/resources) as soon as available next week. Karen

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: *karen.roberts@ct.gov*

From: Cotto, Carmen
Sent: Monday, December 4, 2017 3:41 PM
To: Rosadini, Mary Lou (MRosadin@stfranciscare.org) <MRosadin@stfranciscare.org>
Cc: Roberts, Karen <Karen.Roberts@ct.gov>; Schneider, Jennifer (JSchneider@stfranciscare.org) <JSchneider@stfranciscare.org>; Capone, Claudio (Claudio.Capone@TrinityHealth-NE.org) <Claudio.Capone@TrinityHealth-NE.org>; User, OHCA <OHCA@ct.gov>
Subject: CON Order Requirements Due 12/8

Good afternoon Mary Lou,

In reference to the semi-annual documents to be filed on December 8 and future filings, please provide any related data in both PDF and Excel format, as applicable. In particular, those related to capital

commitment expenditures, cost savings and quarterly financial measures. As you might already know, Excel format makes it easier to filter and analyzed the data.

Thank you in advance for your assistance.
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov



www.ct.gov/dph

From: Rosadini, Mary Lou [mailto:MRosadin@stfranciscare.org]
Sent: Tuesday, November 21, 2017 2:41 PM
To: Roberts, Karen <Karen.Roberts@ct.gov>
Cc: Schneider, Jennifer <JSchneider@stfranciscare.org>; Capone, Claudio <Claudio.Capone@TrinityHealthOfNE.org>
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Thank you and Happy Thanksgiving.

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Executive Associate to Vice President, Finance
Saint Francis Hospital and Medical Center

mrosadin@stfranciscare.org
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Hartford, CT 06105

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User, OHCA

From: Roberts, Karen
Sent: Friday, December 08, 2017 2:07 PM
To: Capone, Claudio
Cc: Cotto, Carmen; Martone, Kim; User, OHCA; Clarke, Ormand
Subject: CON Compliance for Docket #s 31979, 32002, 32045

Hi Claudio - I've touched base with Kim Martone, Director of Operations regarding your request for a couple of additional days for filing the entire semi-annual reporting packet for CON Docket #s 31979, 32002, 32045 and we find this acceptable. Please file your material to OHCA@ct.gov. Thanks. Karen

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: karen.roberts@ct.gov

-----Original Message-----
From: Capone, Claudio [mailto:Claudio.Capone@TrinityHealthOfNE.org]
Sent: Friday, December 8, 2017 1:03 PM
To: Roberts, Karen <Karen.Roberts@ct.gov>
Cc: Cotto, Carmen <Carmen.Cotto@ct.gov>
Subject: Re: FW: CON Order Requirements Due 12/8

Can we send you the whole packet instead of pieces?

Sent from my iPhone

On Dec 8, 2017, at 11:48 AM, Roberts, Karen <Karen.Roberts@ct.gov<mailto:Karen.Roberts@ct.gov>> wrote:

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and NEVER provide your Password.

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Principal Health Care Analyst
Office of Health Care Access

Connecticut Department of Public Health
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P: (860) 418-7041 / F: (860) 418-7053 / E: karen.roberts@ct.gov<mailto:karen.roberts@ct.gov>

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From: Cotto, Carmen
Sent: Monday, December 4, 2017 3:41 PM
To: Rosadini, Mary Lou (MRosadin@stfranciscare.org<mailto:MRosadin@stfranciscare.org>) <MRosadin@stfranciscare.org<mailto:MRosadin@stfranciscare.org>>
Cc: Roberts, Karen <Karen.Roberts@ct.gov<mailto:Karen.Roberts@ct.gov>>; Schneider, Jennifer (JSchneider@stfranciscare.org<mailto:JSchneider@stfranciscare.org>) <JSchneider@stfranciscare.org<mailto:JSchneider@stfranciscare.org>>; Capone, Claudio (Claudio.Capone@TrinityHealth-NE.org<mailto:Claudio.Capone@TrinityHealth-NE.org>) <Claudio.Capone@TrinityHealth-NE.org<mailto:Claudio.Capone@TrinityHealth-NE.org>>; User, OHCA <OHCA@ct.gov<mailto:OHCA@ct.gov>>
Subject: CON Order Requirements Due 12/8

Good afternoon Mary Lou,

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P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov<mailto:carmen.cotto@ct.gov>

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From: Rosadini, Mary Lou [mailto:MRosadin@stfranciscare.org]
Sent: Tuesday, November 21, 2017 2:41 PM
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114 Woodland Street
Hartford, CT 06105
stfranciscare.com<https://urldefense.proofpoint.com/v2/url?u=http-3A__www.saintfranciscare.com&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=xA-pHuONh2oLjplBmRjiQQU3cgGnjNs8UYBoGfwzluc&e=> | Facebook<https://urldefense.proofpoint.com/v2/url?u=https-3A__www.facebook.com_SaintFrancisCT_&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=eaaYCzoAs3NzdPuq0RHvYg-p6keuRto5PH0XYHXMQHs&e=> | Twitter<https://urldefense.proofpoint.com/v2/url?u=https-3A__twitter.com_SaintFrancisCT&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=gdAZ7TJcFUh0Rea7NbHF6HFSO1fiQsro9BnnLgWXeYI&e=> | Instagram<https://urldefense.proofpoint.com/v2/url?u=https-3A__www.instagram.com_saintfrancisct&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=rZqTOwGtsYoPaQUdgNLcrbiZeXO27iyIg6s7FKiIjEM&e=> | LinkedIn<https://urldefense.proofpoint.com/v2/url?u=http-3A__bit.ly_2g16PSv&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=Z8iYz_mkpxwpKN985Dv8qjDzqyN5pkp-4XfS_k2bisY&e=>

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User, OHCA

From: Capone, Claudio <Claudio.Capone@TrinityHealthOfNE.org>
Sent: Friday, December 08, 2017 2:30 PM
To: Roberts, Karen
Cc: Cotto, Carmen; Martone, Kim; User, OHCA; Clarke, Ormand
Subject: RE: CON Compliance for Docket #s 31979, 32002, 32045

Karen...Thank you for the quick response. We will file our complete packets no later than Tuesday morning.

Regards,

Claudio A. Capone, FACHE
Regional VP of Strategic Planning
Trinity Health Of New England
Claudio.Capone@TrinityHealthOfNE.org
W 860-714-6165
C 860-276-7975
1000 Asylum Avenue, 2109A
Hartford, CT 06105
trinityhealth-ne.org | facebook | twitter | instagram

-----Original Message-----
From: Roberts, Karen [mailto:Karen.Roberts@ct.gov]
Sent: Friday, December 8, 2017 2:07 PM
To: Capone, Claudio <Claudio.Capone@TrinityHealthOfNE.org>
Cc: Cotto, Carmen <Carmen.Cotto@ct.gov>; Martone, Kim <Kimberly.Martone@ct.gov>; User, OHCA <OHCA@ct.gov>; Clarke, Ormand <Ormand.Clarke@ct.gov>
Subject: [EXTERNAL] CON Compliance for Docket #s 31979, 32002, 32045

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and NEVER provide your Password.

Hi Claudio - I've touched base with Kim Martone, Director of Operations regarding your request for a couple of additional days for filing the entire semi-annual reporting packet for CON Docket #s 31979, 32002, 32045 and we find this acceptable. Please file your material to OHCA@ct.gov. Thanks. Karen

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: karen.roberts@ct.gov

-----Original Message-----

From: Capone, Claudio [mailto:Claudio.Capone@TrinityHealthOfNE.org]
Sent: Friday, December 8, 2017 1:03 PM
To: Roberts, Karen <Karen.Roberts@ct.gov>
Cc: Cotto, Carmen <Carmen.Cotto@ct.gov>
Subject: Re: FW: CON Order Requirements Due 12/8

Can we send you the whole packet instead of pieces?

Sent from my iPhone

On Dec 8, 2017, at 11:48 AM, Roberts, Karen <Karen.Roberts@ct.gov<mailto:Karen.Roberts@ct.gov>> wrote:

Warning: This email originated from the Internet!

DO NOT CLICK links if the sender is unknown, and NEVER provide your Password.

_____

Hi Claudio - I received you voicemail this morning and it is fine to send in the bulk of the compliance filing for the three merger CONs to OHCA today and then send up the final piece (capital investments/resources) as soon as available next week. Karen

Sincerely,

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS #13HCA, P.O. Box 340308, Hartford, CT 06134-0308
P: (860) 418-7041 / F: (860) 418-7053 / E: karen.roberts@ct.gov<mailto:karen.roberts@ct.gov>

<image001.jpg><image005.jpg>

From: Cotto, Carmen
Sent: Monday, December 4, 2017 3:41 PM
To: Rosadini, Mary Lou (MRosadin@stfranciscare.org<mailto:MRosadin@stfranciscare.org>)
<MRosadin@stfranciscare.org<mailto:MRosadin@stfranciscare.org>>
Cc: Roberts, Karen <Karen.Roberts@ct.gov<mailto:Karen.Roberts@ct.gov>>; Schneider, Jennifer
(JSchneider@stfranciscare.org<mailto:JSchneider@stfranciscare.org>)
<JSchneider@stfranciscare.org<mailto:JSchneider@stfranciscare.org>>; Capone, Claudio
(Claudio.Capone@TrinityHealth-NE.org<mailto:Claudio.Capone@TrinityHealth-NE.org>)
<Claudio.Capone@TrinityHealth-NE.org<mailto:Claudio.Capone@TrinityHealth-NE.org>>; User, OHCA
<OHCA@ct.gov<mailto:OHCA@ct.gov>>
Subject: CON Order Requirements Due 12/8

Good afternoon Mary Lou,

In reference to the semi-annual documents to be filed on December 8 and future filings, please provide any related data in both PDF and Excel format, as applicable. In particular, those related to capital commitment expenditures, cost savings and quarterly financial measures. As you might already know, Excel format makes it easier to filter and analyzed the data.

Thank you in advance for your assistance.
Carmen

Carmen Cotto, MBA
Associate Health Care Analyst
Office of Health Care Access
Connecticut Department of Public Health
410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, CT 06134
P: (860) 418-7039 |F: (860) 418-7053 |E: carmen.cotto@ct.gov<mailto:carmen.cotto@ct.gov>

www.ct.gov/dph<https://urldefense.proofpoint.com/v2/url?u=http-3A__www.ct.gov_dph&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=GHKw6oAuDS7C_eA86IpGSs-Hl_J8v9doeKYU9MwH-MQ&e=>

From: Rosadini, Mary Lou [mailto:MRosadin@stfranciscare.org]
Sent: Tuesday, November 21, 2017 2:41 PM
To: Roberts, Karen <Karen.Roberts@ct.gov<mailto:Karen.Roberts@ct.gov>>
Cc: Schneider, Jennifer <JSchneider@stfranciscare.org<mailto:JSchneider@stfranciscare.org>>; Capone, Claudio <Claudio.Capone@TrinityHealthOfNE.org<mailto:Claudio.Capone@TrinityHealthOfNE.org>>
Subject: CON Order Requirements Due 11/30 - Request for Extension

Good afternoon Karen,

We are requesting an extension on our filing of the requirements under the Saint Francis, Johnson and Saint Mary's CONs. We expect to file on Friday, December 8, 2017. Please let us know if this is acceptable.

Thank you and Happy Thanksgiving.

Mary Lou Rosadini
Executive Associate to Vice President, Finance Saint Francis Hospital and Medical Center
mrosadin@stfranciscare.org<mailto:mrosadin@stfranciscare.org>
W 860-714-1066
114 Woodland Street
Hartford, CT 06105
stfranciscare.com<https://urldefense.proofpoint.com/v2/url?u=http-3A__www.saintfranciscare.com&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=xA-pHuONh2oLjplBmRjiQQU3cgGnjNs8UYBoGfwzluc&e=> | Facebook<https://urldefense.proofpoint.com/v2/url?u=https-3A__www.facebook.com_SaintFrancisCT_&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-IM4J7ErS7kFgPjW_C4gxYg9uZQxpjezUwqt18qFw&s=eaaYCzoAs3NzdPuq0RHvYg-p6keuRto5PH0XYHXMQHs&e=> | Twitter<https://urldefense.proofpoint.com/v2/url?u=https-3A__twitter.com_SaintFrancisCT&d=DwMFAg&c=ajsCdbKXBnPSZ1CsuYmR1LYTCaOGXxYGeIEIboVILfw&r=ReYNGn6ZVauzYJKyy3QbfWlHDR-ixBKLOM_mGduZRci09L9Rv8pGIoJunHwDW13Y&m=86-

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User, OHCA

From: Cotto, Carmen
Sent: Thursday, December 14, 2017 1:59 PM
To: Roberts, Karen; User, OHCA
Subject: FW: TH Of NE Combined Filing for CON Conditions
Attachments: TH - NE 12.08.2017 COMBINED CON Conditions Filing-signed.pdf; Attachment C Johnson cashflow.xls; Attachment C Report 100 150.xlsx; Attachment B CMAED.docx; Attachment D CON Stats for JMH.xlsx; Attachment A Detail of 6 month savings.xlsx; Attachment B SFH_SFCARE cashflow.xls; Attachment B SAFNS - Reports 100 150 9 30 17.xlsx; Attachment A Detail of 6 month savings 9-30-2017.xlsx; Saint Francis Stipulation 9 Final Attachments.xlsx; CON stats Sept 2017.xlsx; Attachment 1 - Saint Mary's - FA OCHA Info for Apr17-Sep17.xlsx; Report 100_150_300_350_Sept 2017.xlsx

FYI-Claudio has to use his personal email to send the documents.

From: Claudio [mailto:claudiocapone@gmail.com]
Sent: Thursday, December 14, 2017 1:44 PM
To: Cotto, Carmen <Carmen.Cotto@ct.gov>
Subject: TH Of NE Combined Filing for CON Conditions

Hi Carmen...I hope this email reaches you in the preferred format.

Please let me know whether or not it does.

Thanks,

Claudio

Trinity Health
Of New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

December 12, 2017

RE: Docket Number: Trinity Health – New England Transfer of Ownership CON Conditions for:

- Docket Number: 15-32045-CON Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health - New England
- Docket Number: 15-31979-CON Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation and Trinity Health - New England
- Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis Care, Inc.

Dear Mrs. Roberts,

In accordance with Trinity Health Of New England's approved CONs for the transfers of ownership of Saint Francis Care, Inc,. and Saint Mary's Health Systems, Inc. to Trinity Health Corporation and Trinity Health Of New England and for the transfer of ownership of Johnson Memorial Medical Center to Saint Francis Care, Inc. (NKA Trinity Health Of New England), attached are the responses to the conditions set forth in each of the CON decisions.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development
Enc.

Docket Number: 15-32045-CON
Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health - New England

Trinity Health
Of New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

December 12, 2017

RE: Docket Number: 15-32045-CON Transfer of ownership of Saint Mary's Health System, Inc. to Trinity Health Corporation and Trinity Health-New England

Dear Mrs. Roberts:

In accordance with Items 6, 7, 8, 9 & 10 of the Order dated July 27, 2016, enclosed is responses for each of the conditions noted above. Responses to the remaining conditions will be submitted prior to the requested deadline.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

7. ***Within one hundred and eighty (180) days following the Closing Date and thereafter on the same semi-annual schedule as set forth in Condition 8 below until the capital commitment is satisfied TH-NE shall submit to OHCA a report on the capital investments ("Capital Investment Report") it has made in the Hospital and its affiliates from the minimum $100 million Commitment Amount. The Capital Investment Report shall include the following in a format to be agreed upon:***
    - ***A. A list of the of the capital expenditures that have been made in the prior one hundred and eighty (180) days with descriptions of each associated project; and***
    - ***B. An explanation of why each expenditure was made and a timeframe for the roll out of the associated capital project (including estimated beginning, ending, and startup/operation dates); and***
    - ***C. The funding source of the capital investment; indicate whether it was drawn from intercompany loans, operating revenue, capital contributions from THC or another source. If funding was drawn from another source, indicate the source.***

   The reports shall be signed by the Hospital's or TH-NE's Chief Financial Officer.

   See Excel Attachment 1.

8. ***For three (3) years following the Closing Date, TH-NE shall file the following information with OHCA on a semi-annual basis for the Hospital and TH-NE:***

   a. The cost saving totals achieved in the following Operating Expense Categories for the Hospital and TH-NE: Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The semi-annual submission shall also contain narratives describing:

   1. the major cost savings achieved for each expense category for the semi-annual period; and

   In March of 2017, Saint Mary's switched to Trinity Health's GPO. After 6 months, estimated total savings is about $1 million.

2. the effect of these cost savings on the clinical quality of care.

There has been no impact to clinical quality of care.

b. A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for the Hospital and TH-NE. The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/300 (balance sheets), 150/300 (statement of operations), or successor reports.

See Attachment 2.

9. ***For three (3) years following the Closing Date, TH-NE shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for TH-NE. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning November 30, 2016.***

   See Attachment 3 for financial indicators.

10. ***TH-NE shall ensure that the Hospital maintains and adheres to the Hospital's current policies regarding charity care, indigent care and community volunteer services after the Closing Date, or adopt other policies that are at least as generous and benevolent to the community as the Hospital's current policies, consistent with state and federal law. These policies shall be posted on the website pages of the Hospital and as additionally required by applicable law. OHCA is imposing this Condition to ensure continued access to health care services for the patient population.***

    In accordance with Condition 10 of the Order, Trinity Health – New England, Inc. will ensure that Saint Mary's will maintain and adhere to all of their current policies regarding charity care, indigent care and community volunteer services. Currently, all policies are located on the Saint Mary's Hospital website (www.stmh.org).

ATTACHMENT 1
see excel file that accompanied
this package

ATTACHMENT 2

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

30-Sep-17

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$20,572,000	$12,027,000	($8,545,000)	-42%
2	Short Term Investments	$23,000	$0	($23,000)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$26,298,000	$30,481,000	$4,183,000	16%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$3,889,000	$3,981,000	$92,000	2%
8	Prepaid Expenses	$2,930,000	$1,184,000	($1,746,000)	-60%
9	Other Current Assets	$3,114,000	$6,416,000	$3,302,000	106%
	Total Current Assets	**$56,826,000**	**$54,089,000**	**($2,737,000)**	**-5%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$15,480,000	$16,334,000	$854,000	6%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$6,000	$6,000	$0	0%
	Total Noncurrent Assets Whose Use is Limited:	**$15,486,000**	**$16,340,000**	**$854,000**	**6%**
5	Interest in Net Assets of Foundation	$5,549,000	$6,120,000	$571,000	10%
6	Long Term Investments	$10,973,000	$13,507,000	$2,534,000	23%
7	Other Noncurrent Assets	$25,740,000	$20,465,000	($5,275,000)	-20%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$91,358,000	$144,239,000	$52,881,000	58%
2	Less: Accumulated Depreciation	$2,656,000	$18,974,000	$16,318,000	614%
	Property, Plant and Equipment, Net	**$88,702,000**	**$125,265,000**	**$36,563,000**	**41%**
3	Construction in Progress	$7,780,000	$2,115,000	($5,665,000)	-73%
	Total Net Fixed Assets	**$96,482,000**	**$127,380,000**	**$30,898,000**	**32%**
	Total Assets	**$211,056,000**	**$237,901,000**	**$26,845,000**	**13%**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

30-Sep-17

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$15,420,000	$14,094,000	($1,326,000)	-9%
2	Salaries, Wages and Payroll Taxes	$5,045,000	$6,977,000	$1,932,000	38%
3	Due To Third Party Payers	$1,262,000	$673,000	($589,000)	-47%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$89,000	$609,000	$520,000	584%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$15,913,000	$23,435,000	$7,522,000	47%
	Total Current Liabilities	**$37,729,000**	**$45,788,000**	**$8,059,000**	**21%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$0	$24,494,000	$24,494,000	0%
	Total Long Term Debt	**$0**	**$24,494,000**	**$24,494,000**	**0%**
3	Accrued Pension Liability	$83,306,000	$73,482,000	($9,824,000)	-12%
4	Other Long Term Liabilities	$9,341,000	$18,252,000	$8,911,000	95%
	Total Long Term Liabilities	**$92,647,000**	**$116,228,000**	**$23,581,000**	**25%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$62,162,000	$56,186,000	($5,976,000)	-10%
2	Temporarily Restricted Net Assets	$1,970,000	$2,315,000	$345,000	18%
3	Permanently Restricted Net Assets	$16,548,000	$17,384,000	$836,000	5%
	Total Net Assets	**$80,680,000**	**$75,885,000**	**($4,795,000)**	**-6%**
	Total Liabilities and Net Assets	**$211,056,000**	**$237,901,000**	**$26,845,000**	**13%**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

12 MONTHS ENDED SEPTEMBER 30, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$817,116,000	$879,852,000	$62,736,000	8%
2	Less: Allowances	$533,069,000	$596,674,000	$63,605,000	12%
3	Less: Charity Care	$6,950,000	$9,014,000	$2,064,000	30%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$277,097,000**	**$274,164,000**	**($2,933,000)**	**-1%**
5	Provision for Bad Debts	$6,835,000	$6,668,000	($167,000)	-2%
	Net Patient Service Revenue less provision for bad debts	**$270,262,000**	**$267,496,000**	**($2,766,000)**	**-1%**
6	Other Operating Revenue	$12,538,000	$11,803,000	($735,000)	-6%
7	Net Assets Released from Restrictions	$0	$0	$0	0%
	Total Operating Revenue	**$282,800,000**	**$279,299,000**	**($3,501,000)**	**-1%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$92,109,000	$98,418,000	$6,309,000	7%
2	Fringe Benefits	$27,925,000	$16,882,000	($11,043,000)	-40%
3	Physicians Fees	$17,827,000	$14,767,000	($3,060,000)	-17%
4	Supplies and Drugs	$44,872,000	$46,827,000	$1,955,000	4%
5	Depreciation and Amortization	$12,141,000	$16,327,000	$4,186,000	34%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$197,000	$246,000	$49,000	25%
8	Malpractice Insurance Cost	$5,079,000	$3,075,000	($2,004,000)	-39%
9	Other Operating Expenses	$52,564,000	$58,433,000	$5,869,000	11%
	Total Operating Expenses	**$252,714,000**	**$254,975,000**	**$2,261,000**	**1%**
	Income/(Loss) From Operations	**$30,086,000**	**$24,324,000**	**($5,762,000)**	**-19%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$915,000	$1,123,000	$208,000	23%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$137,000	$41,000	($96,000)	-70%
	Total Non-Operating Revenue	**$1,052,000**	**$1,164,000**	**$112,000**	**11%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$31,138,000**	**$25,488,000**	**($5,650,000)**	**-18%**

SAINT MARY`S HOSPITAL (Hospital Only)

TWELVE MONTHS ACTUAL FILING

12 MONTHS ENDED SEPTEMBER 30, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$31,138,000**	**$25,488,000**	**($5,650,000)**	**-18%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

30-Sep-17

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$22,818,000	$14,871,000	($7,947,000)	-35%
2	Short Term Investments	$23,000	$0	($23,000)	-100%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$30,634,000	$35,927,000	$5,293,000	17%
4	Current Assets Whose Use is Limited for Current Liabilities	$3,418,000	$0	($3,418,000)	-100%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$3,889,000	$3,981,000	$92,000	2%
8	Prepaid Expenses	$3,515,000	$1,450,000	($2,065,000)	-59%
9	Other Current Assets	$3,192,000	$6,429,000	$3,237,000	101%
	Total Current Assets	**$67,489,000**	**$62,658,000**	**($4,831,000)**	**-7%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$15,480,000	$16,334,000	$854,000	6%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$19,537,000	$6,000	($19,531,000)	-100%
	Total Noncurrent Assets Whose Use is Limited:	**$35,017,000**	**$16,340,000**	**($18,677,000)**	**-53%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$15,428,000	$18,940,000	$3,512,000	23%
7	Other Noncurrent Assets	$6,263,000	$19,887,000	$13,624,000	218%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$95,973,000	$149,155,000	$53,182,000	55%
2	Less: Accumulated Depreciation	$2,835,000	$20,269,000	$17,434,000	615%
	Property, Plant and Equipment, Net	**$93,138,000**	**$128,886,000**	**$35,748,000**	**38%**
3	Construction in Progress	$7,873,000	$2,334,000	($5,539,000)	-70%
	Total Net Fixed Assets	**$101,011,000**	**$131,220,000**	**$30,209,000**	**30%**
	Total Assets	**$225,208,000**	**$249,045,000**	**$23,837,000**	**11%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

30-Sep-17

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$16,465,000	$15,256,000	($1,209,000)	-7%
2	Salaries, Wages and Payroll Taxes	$8,160,000	$9,774,000	$1,614,000	20%
3	Due To Third Party Payers	$1,262,000	$673,000	($589,000)	-47%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$337,000	$771,000	$434,000	129%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$13,842,000	$25,202,000	$11,360,000	82%
	Total Current Liabilities	**$40,066,000**	**$51,676,000**	**$11,610,000**	**29%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$586,000	$24,946,000	$24,360,000	4157%
	Total Long Term Debt	**$586,000**	**$24,946,000**	**$24,360,000**	**4157%**
3	Accrued Pension Liability	$83,306,000	$73,482,000	($9,824,000)	-12%
4	Other Long Term Liabilities	$21,395,000	$19,082,000	($2,313,000)	-11%
	Total Long Term Liabilities	**$105,287,000**	**$117,510,000**	**$12,223,000**	**12%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$2,588,000	$2,510,000	($78,000)	-3%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$58,749,000	$57,550,000	($1,199,000)	-2%
2	Temporarily Restricted Net Assets	$1,970,000	$2,414,000	$444,000	23%
3	Permanently Restricted Net Assets	$16,548,000	$17,385,000	$837,000	5%
	Total Net Assets	**$77,267,000**	**$77,349,000**	**$82,000**	**0%**
	Total Liabilities and Net Assets	**$225,208,000**	**$249,045,000**	**$23,837,000**	**11%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

12 MONTHS ENDED SEPTEMBER 30, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$916,268,000	$978,048,000	$61,780,000	7%
2	Less: Allowances	$593,367,000	$654,455,000	$61,088,000	10%
3	Less: Charity Care	$6,950,000	$9,014,000	$2,064,000	30%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$315,951,000**	**$314,579,000**	**($1,372,000)**	**0%**
5	Provision for Bad Debts	$8,969,000	$9,041,000	$72,000	1%
	Net Patient Service Revenue less provision for bad debts	**$306,982,000**	**$305,538,000**	**($1,444,000)**	**0%**
6	Other Operating Revenue	$10,321,000	$13,807,000	$3,486,000	34%
7	Net Assets Released from Restrictions	$0	$0	$0	0%
	Total Operating Revenue	**$317,303,000**	**$319,345,000**	**$2,042,000**	**1%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$132,586,000	$141,975,000	$9,389,000	7%
2	Fringe Benefits	$33,001,000	$22,785,000	($10,216,000)	-31%
3	Physicians Fees	$18,159,000	$15,701,000	($2,458,000)	-14%
4	Supplies and Drugs	$46,930,000	$48,790,000	$1,860,000	4%
5	Depreciation and Amortization	$12,879,000	$17,455,000	$4,576,000	36%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$218,000	$275,000	$57,000	26%
8	Malpractice Insurance Cost	$2,289,000	$4,415,000	$2,126,000	93%
9	Other Operating Expenses	$62,569,000	$69,004,000	$6,435,000	10%
	Total Operating Expenses	**$308,631,000**	**$320,400,000**	**$11,769,000**	**4%**
	Income/(Loss) From Operations	**$8,672,000**	**($1,055,000)**	**($9,727,000)**	**-112%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$1,361,000	$1,636,000	$275,000	20%
2	Gifts, Contributions and Donations		$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$138,000	$42,000	($96,000)	-70%
	Total Non-Operating Revenue	**$1,499,000**	**$1,678,000**	**$179,000**	**12%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$10,171,000**	**$623,000**	**($9,548,000)**	**-94%**

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

12 MONTHS ENDED SEPTEMBER 30, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$10,171,000**	**$623,000**	**($9,548,000)**	**-94%**

ATTACHMENT 3

Saint Mary's Hospital (hospital only)	Month		Year to Date	
	Sep 2017	Prior Year	Sep 2017	Prior Year
A. Operating Performance				
Operating Margin	2.6%	10.9%	8.7%	10.6%
Non-Operating Margin	0.6%	0.1%	0.4%	0.4%
Total Margin	3.1%	11.0%	9.1%	11.0%
Bad Debt as % of Gross Revenue	1.6%	0.1%	0.8%	0.8%
B. Liquidity				
Current Ratio	1.48	1.80	1.48	1.80
Days Cash on Hand	17	32	17	32
Days in Net Accounts Receivable	42	36	42	36
Average Payment Period	46	56	46	56
C. Leverage and Capital Structure				
Long-term Debt to Equity	0.33	0.00	0.33	0.00
Long-term Debt to Capitalization	0.25	0.00	0.25	0.00
Unrestricted Cash to Debt	0.48	231.74	0.48	231.74
Times Interest Earned Ratio	9.9	1177.1	104.71	159.03
Debt Service Coverage Ratio	31.4	138.1	53.04	125.89
Equity Financing Ratio	3.14	2.62	3.14	2.62
D. Additional Statistics				
Income from Operations	$ 588	$ 2,523	$ 24,324	$ 30,086
Revenue Over/(Under) Expense	$ 721	$ 2,537	$ 25,488	$ 31,138
EBITDA	$ 2,040	$ 3,867	$ 40,897	$ 42,424
Patient Cash Collected	$ 19,564	$ 20,601	$ 258,671	$ 259,506
Cash and Cash Equivalents	$ 12,027	$ 20,572	$ 12,027	$ 20,572
Net Working Capital	$ 8,303	$ 19,097	$ 8,303	$ 19,097
Unrestricted Assets	$ 56,185	$ 62,163	$ 56,185	$ 62,163
Credit Ratings (S&P, FITCH and Moody's)				

Saint Mary's Health System	Month		Year to Date	
	Sep 2017	Prior Year	Sep 2017	Prior Year
A. Operating Performance				
Operating Margin	-5.6%	1.2%	-0.3%	2.7%
Non-Operating Margin	0.7%	0.2%	0.5%	0.5%
Total Margin	-4.8%	1.4%	0.2%	3.2%
Bad Debt as % of Gross Revenue	1.7%	0.5%	0.9%	1.0%
B. Liquidity				
Current Ratio	1.58	2.07	1.58	2.07
Days Cash on Hand	17	28	17	28
Days in Net Accounts Receivable	43	37	43	37
Average Payment Period	44	51	44	51
C. Leverage and Capital Structure				
Long-term Debt to Equity	0.32	0.01	0.32	0.01
Long-term Debt to Capitalization	0.24	0.01	0.24	0.01
Unrestricted Cash to Debt	0.58	24.73	0.58	24.73
Times Interest Earned Ratio	-14.2	76.9	3.27	47.59
Debt Service Coverage Ratio	1.0	62.7	21.63	64.60
Equity Financing Ratio	3.12	2.82	3.12	2.82
D. Additional Statistics				
Income from Operations	$ (1,460)	$ 311	$ (1,055)	$ 8,672
Revenue Over/(Under) Expense	$ (1,265)	$ 373	$ 623	$ 10,171
EBITDA	$ 64	$ 1,755	$ 16,674	$ 21,769
Patient Cash Collected	$ 22,724	$ 23,618	$ 296,730	$ 296,240
Cash and Cash Equivalents	$ 14,871	$ 22,818	$ 14,871	$ 22,818
Net Working Capital	$ 10,981	$ 27,421	$ 10,981	$ 27,421
Unrestricted Assets	$ 60,060	$ 61,337	$ 60,060	$ 61,337
Credit Ratings (S&P, FITCH and Moody's)				

Docket Number: 15-31979-CON
Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation and Trinity Health - New England

Trinity Health
Of New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

December 12, 2017

Re: Docket Number: 15-31979 CON Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Dear Ms. Roberts:

Please see the attached documents in satisfaction of Stipulation 9 of the above-referenced Agreed Settlement Order dated August 1, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation
Response to Item 9 of the Settlement and Order dated 8/1/2015
Annual Report for the Capital Investment Plan due 11/30/2017

Question 1

Provide a five-year post-closing capital investment plan detailing the proposed allocation of the $275 million capital investment commitment. The submitted plan shall account for the full $275 million commitment as stated in the proposal and include the following information:

a. A list of planned capital expenditures with detailed descriptions and associated estimated costs, and

Please refer to **Attachment 2** for FY 2017 actual capital expenditures for the twelve month period ended September 30, 2017.

Attachment 3 includes the final approved capital budget (see column C) for Trinity Health Of New England Corporation, Inc. (TH Of NE) which has been approved by Trinity Health's governing body and presented to TH Of NE's finance committee. The FY 2018 budget is for the period 7/1/2017-6/30/2018.

Attachment 3 has also been updated to reflect preliminary capital budget for FYs 2019 and 2020. TH Of NE, including Saint Francis Hospital and Medical Center, have recently completed the most recent strategic plan and will be embarking on a Master Facilities Plan in CY 2018 which will further define capital priorities over the next three to five years. In addition, as strategic projects are identified, there is a process in place to facilitate the receipt of additional capital funding from Trinity Health for these priorities. One example of a strategic priority currently under review is the Ambulatory Surgery Center (ASC) in Hartford. The ASC has been included on the attached preliminary capital budget.

b. A timeframe for the rollout of the capital projects, including estimated beginning, ending and start-up/operation dates.

See **Attachment 4** for the FY 2018 individual capital projects greater than $100,000 that have been approved to proceed at Saint Francis. The remaining dollars relating to the capital budget will be allocated based on current priorities and any critical needs that arise. These amounts are summarized by category on **Attachment 3**.

As the strategic plan is finalized and the more significant capital investments are identified, TH Of NE will provide OHCA with an update for this stipulation. TH Of NE continues to believe this approach will ensure the greatest accuracy as well as meet the intent of this stipulation.

Attachment 2
Capital Expenditure Summary
FY17 Actuals - 10/1/2016-9/30/2017
Expenditures > $100,000

	Actuals FY17
Expansion/renovations of clinical facilities	
8-2 RENOVATION	1,010,293
New compounding pharmacy for Enfield Infusion center (Johnson)	561,658
Cath Lab Renovation	464,916
Major Building Renovation	304,442
Digital Rad/Fluoro Suite Renovation	183,642
Fresh tissue lab renovation	142,340
All Other	77,620
Facility & program improvements for various service lines (e.g., CJRI, Rehab)	
Wireless telemetry monitoring system and other patient care services equipment (Auxiliary)	1,112,037
Stryker Power Equipment	962,422
Replacment of the treatment planning system; Pinncle and transition to Raytstation.	464,125
Stryker Sonopet (Qty 2) Spine and OR	301,625
OSI Spine Table	103,776
All Other	131,464
Information Technology	
IT Infrastructure to support CT hospitals	7,815,836
Hardware General, IT Refresh	1,170,494
Infrastructure Movement and Replacmement of Data Center	661,965
EMC archive to migrate data from Caremedic	197,873
EPIC-PHASE 2 (PHASE 1 CIP1253)	172,286
Software-General OB Server	172,125
All Other	190,749
Investment in facilities, medical and non-medical equipment and technology	
Replace portable X-Ray Units(2)/Replace X-Ray Rad Room	1,236,315
Bed and patient recliner replacement	1,193,940
Energy Upgrade-SFHMC, RHHCT, & JMMC	617,382
Replace Dearatoron boiler system	508,753
North Campus Roof Replacement	348,793
Replace Nurse Call Center	334,675
Window Replacement Program	243,075
Generator Emergency - Replace the 400KW Building 1 Generator	233,746
Emergency Room Stretchers and Ultrasounds	227,617
4 Heat Exchangers-Cancer Center	222,365
CardioQuip Heater Cooler	211,177
SPY Intraoperative Laser Angio	175,000
Natus Vision EEG system	151,067
HVAC - Air-conditioner - HVAC - AHU - Replace S-6 In Lower Penthouse in B-2	140,433
REPLACE COLLINS GARAGE RUSTED CONDUITS/WIRING	133,629
Philips EPIQ 7 Echo Machine	131,043
FACILITIES GEN. - RENOV-ELECT.WHOLESALERS FACILITY FOR PARKING	124,006
Medivator Washers	115,301
Purchase Cryo Console	100,000
All Other (n=95)	703,722
Physician acquisitions/ambulatory network development	
SFMG Vernon Suite 200-201	459,964

Attachment 2
Capital Expenditure Summary
FY17 Actuals - 10/1/2016-9/30/2017
Expenditures > $100,000

	Actuals FY17
Medical Office Building Renovations	392,486
ASC Project (Planning, Design and Construction)	110,542
All Other	66,347
Reallocation to Johnson Memorial - part of strategic growth of RHM	
PeopleSoft Implementation	416,167
Kronos Implementation	412,756
All Other	15,739
Saint Mary's Epic Implementation	
Epic Implementation	**21,433,313**
Capital leases associated with Epic and other	
Capital leases associated with Epic and other	**1,298,154**
Total	**47,959,194**
Johnson local capital expenditures (see Johnson Filing)	$ 2,259,103
Saint Mary's local capital expenditures (see Saint Mary's Filing)	26,210,322
Total Capital Expenditures THOFNE CT Hospitals	$ 76,428,619.18

Attachment 3

Preliminary Capital Investment Plan for Trinity Health Of New England (f/k/a Saint Francis *Care* , Inc.)

Dollars in Thousands

	<Prior Version> (a)	<Actuals> <Prior Version>	<Actuals> <New> (b)	|----------(c)(d) ----------|			
	Five Year Total	FY 2016 Expenditures (10/1/2015-9/30/2016)	FY2017 Expenditures (10/1/16- 9/30/17)	FY 2018 Budget (7/1/2017-6/30/2018)	FY 2019 Budget (7/1/2018-6/30/2019)	FY 2020 Budget (7/1/2019-6/30/2020)	Estimated Post-Close Five Year Capital Spend
Preliminary capital expenditures summary							
Investment in facilities, medical and non-medical equipment and technology	$ 184,000	$ 21,428	$ 7,152	$ 2,738	$ 15,000	$ 15,000	$ 61,318
Capital leases associated with Epic and other	4,500	1,028	1,298	-	-	-	2,326
Facility & program improvements for various service lines (e.g., CJRI, Rehab)	5,000	3,104	3,075	100	2,000	2,000	10,279
Expansion/renovations of clinical facilities	10,000	-	2,183		10,000	5,000	17,183
Physician acquisitions/ambulatory network development	23,500	-	1,029	575	1,100	1,100	3,804
Information Technology	-	3,926	10,381	9,253	9,000	9,000	41,559
Unspecified; to be allocated based on organizional priorities each year	48,000	20,015	-	7,908	10,000	15,000	52,923
Adjustments to preliminary capital expenditure summary:							
Reallocation to Johnson Memorial - part of strategic growth of RHM		1,496	3,666	4,187	2,639	645	12,633
Reallocation to Saint Mary's-part of strategic growth of RHM [(e)]		-	21,282	9,133	12,500	12,500	55,415
Saint Mary's Epic Implementation		-	26,362	-	-	-	26,362
Hartford Ambulatory Surgery Center			-	4,333	5,981	1,596	11,910
Total estimated annual capital expenditures	**$ 275,000**	**$ 50,997**	**$ 76,428**	**$ 38,226**	**$ 68,220**	**$ 61,841**	**$ 295,712**

(a) Preliminary plan for capital commitment as noted on page 635 of CON.

(b) Capital expenditures 10/1/2016-9/30/2017 see detail at Attachment 2

(C) Approved Trinity Health Of New England FY18 routine capital budget for Saint Francis and Johnson is $11.3M and $0.873M, respectively. This amount is exclusive of $15.7M earmarked for TH Of NE IT projects, of which $9.3 is targeted for St. Francis. In addition, subject to final approval, an additional $11.9M (in total) has been earmarked for an Ambulatory Surgery Center in Hartford.

(d) Amounts continue to be preliminary based on evolving RHM strategy and expected investment necessary for Saint Francis facilities and equipment, etc. The Strategic plan was recently completed and the Master Facilities Plan has recently been approved to begin for TH OF NE.

(e) Saint Mary's 5 year commitment is through 2021 based on timing of affiliation.

Note: $20,015 in FY 2016 was investment in Johnson Memorial Hospital which closed on 1/1/2016

Attachment 4
Capital Expenditure Summary
FY18 Budget - 10/1/2017-9/30/2018
Currently Approved Expenditures > $100,000

	Approved FY18 Budget
Expansion/renovations of clinical facilities	
Psychiatry Renovation	100,000
Information Technology	
3 Par Replacement non EPIC epic	3,500,000
Ciena Fiber Swtitches	1,000,000
Epic Ambulatory Licensing Gap	953,100
St Francis wireless project (completion) pull cables and old AP's	500,000
Workday - Hartford	500,000
Replace EOL Rubbermaid Carts and Buyout of Leased Carts	425,000
3 Par expansion EPIC storage	300,000
Phones Voice Gateways SFH	300,000
Replace HP blades x 16	275,000
ExtaHop network/systems monitoring	270,000
Data Domain 7200 expansion	200,000
Epic Biometrics Refresh	196,367
Fuji Synpase Extension for JMMC Echos	154,000
JMMC Email migration to SFH	120,000
Kronos 8.0 Upgrade	108,000
Auxilio	105,350
SIP Trunking Border Element controllers etc. Wallingford/SFH	100,000
All Other	246,000
Investment in facilities, medical and non-medical equipment and technology	
Renovation - Minor < $2M, 6-2 Renovations	1,800,000
OR lights rooms 1-6	324,087
Microscope for Spine OR	253,318
OSI table	102,508
All Other (n=22)	258,766
Physician acquisitions/ambulatory network development	
MOB Renovations - Minor	500,000
All Other	75,000
Unspecified; to be allocated based on organizional priorities each year	
Not Yet Allocated	7,907,504
Hartford Ambulatory Surgery Center	
Estimated FY18 Capital Expenditures	4,333,000
Total for Saint Francis (excludes SMH and Johnson on Attachment 3)	**24,907,000**

Trinity Health
Of New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

December 12, 2017

Re: Docket Number: 15-31979 CON Transfer of Ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Dear Ms. Roberts:

Please see the attached documents in satisfaction of Stipulations 10 and 11 of the above-referenced Agreed Settlement Order dated August 1, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

CON Docket No. 15-31979-CON- Transfer of ownership of Saint Francis Care, Inc. to Trinity Health Corporation

Response to Items #10 and #11 of the Settlement and Order dated 8/1/2015 for the Six Month Period Ended September 30, 2017

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both the Hospital and its immediate parent (SFC or its successor legal entity) for purposes of this Order, semi-annual periods are October 1 - March 31 and April l - September 30. The required information is due no later than two (2) months after the end of each semi-annal period. Due dates are May 31 and November 30, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM): Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The information shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since October 1, 2015, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Trinity Health to identify and implement changes to realize cost saving opportunities. As previously reported, a significant benefit with annual ongoing savings for Saint Francis was the defeasance of Saint Francis' long term debt of approximately $246 million with proceeds from an intercompany loan. In addition, the Series F Fixed Pay SWAP was novated to Trinity Health on October 1, 2015. The result of this SWAP was an improvement in Saint Francis' net assets of $44 million. Furthermore, the transfer of this SWAP removes the financial risks associated with the change in interest rates and the impact on Saint Francis net assets. For example, in FY 2015, Saint Francis recorded a $14.8 million non-operating loss related to this interest rate SWAP. Interest rate SWAP loss for FY 17 was $887,000. Additional interest expense savings for the six months ended September 30, 2017 was approximately $430,000 as a result of favorable interest rates.

Another significant change was the inclusion of Saint Francis into the Trinity Health insurance program. This created an overall initial decrease in annual premiums of approximately $1.3 million exclusive of one time tail coverage costs incurred as part of the transaction. Effective 7/1/2017, Saint Francis received additional annual premium reductions and the impact of this reduction was $4.4 million for Saint Francis Hospital and Medical Center. The savings for the six month period ended September 30, 2017 was approximately $1.1 million favorable compared to the first six months of the fiscal year.

Lastly, leveraging the Trinity Health actuarial expertise whose approach is to more closely align mortality assumptions with plan participant demographics in the Trinity Health pension plans,

Saint Francis' projected benefit obligation was further evaluated. As a result, Saint Francis recognized an annual benefit in pension expense of $4.2 million for the twelve month period ended September 30, 2016. For the period from April 1, 2017 through September 30, 2017, Saint Francis had additional favorability in pension expense of $3.1 million. Furthermore, Trinity and Saint Francis have developed a plan to continue to adequately fund the Saint Francis defined benefit plan consistent with the Trinity Health funding policy. For the period 10/1/2016-9/30/2017, Saint Francis made contributions to the pension plan of $27.9 million. Based on the current obligations under the plan and current funding level, Saint Francis will make contributions of $32.9 million to the plan during the period 7/1/2017-6/30/2018. Historically, Saint Francis was only able to contribute approximately $9 million to the plan annually.

In January 2017, the employees of Saint Francis were brought onto to Trinity Health benefit programs which provided several enhancements to their benefits. The most significant change is that colleagues working more than twenty hours per week are participating in a defined contribution retirement program which provides a base core contribution of 3% for everyone and a matching contribution for the first 6% of a colleague's contribution. This change resulted in over $700,000 additional contributions made to employee's plans. The new health insurance program provides comprehensive coverage at a lower average employee contribution compared to what had previously been provided.

Saint Francis continues with the transition to the Trinity Health Group Purchasing Organization, HPG. During the period April 1, 2017 to September 30, 2017, this effort has resulted in additional supply chain savings of approximately $760,000. Most of the current saving was achieved by reducing the cost on existing goods through the implementation of the Trinity Health National Agreements. Supply Chain integration activity will continue in FY17 and FY18. In addition, as we shift to SFHMC maintenance contracts to TH master agreements with the respective vendors, SFHMC has realized savings of $400,000 associated with leveraging Trinity Health pricing for these agreements.

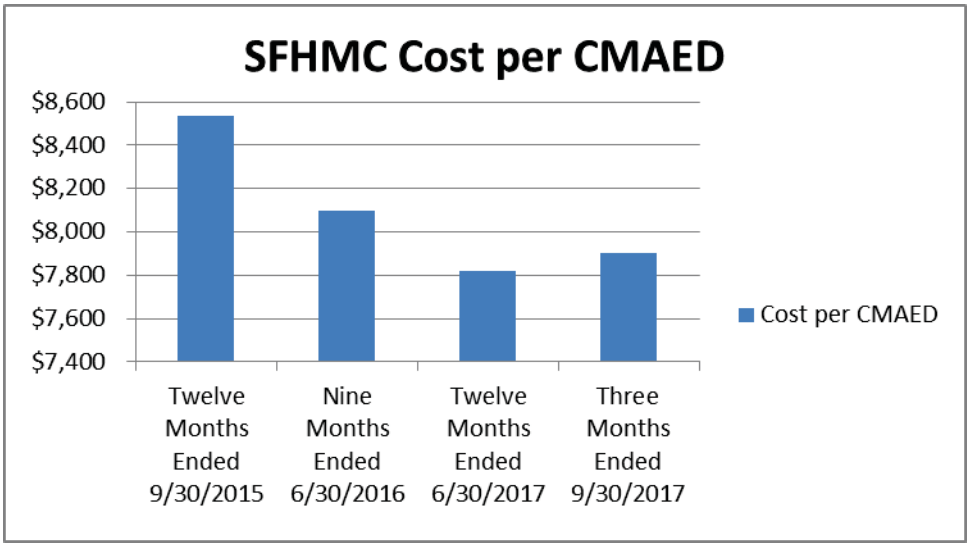
Trinity Health Of New England, Inc. (TH Of NE, formerly known as Saint Francis *Care*, Inc.), on behalf of its member hospitals including Saint Francis Hospital and Medical Center, Johnson Memorial Hospital and Saint Mary's Hospital, is currently working with Trinity Health on ensuring these hospitals continue to deliver high quality care and remain low cost providers within the community. TH-NE and Trinity Health have engaged external consultants to assist in performance improvement, integration, regionalization strategy, productivity improvements and other cost reductions. Resources from Trinity Health system office are supporting these efforts and are on-site on a regular basis. Furthermore, Trinity Health has assumed 50% of these costs totaling over $1.3 million benefit to the Connecticut hospitals within TH Of NE during the period 4/1/2017-9/30/2017.

Additional regionalization and alignment strategies have decreased costs in various areas including legal and external audit. Prior to 10/1/2015, Saint Francis annual audit fees were approximately $600,000. SFHMC audit fee is part of Trinity Health's audit fees and no additional expense is directly charged to the organization. Furthermore, access to legal services

at Trinity Health system office has resulted in a decrease in annual external legal fees of approximately $1.4 million.

Overall, SFHMC has seen significant decrease in costs per case mix adjusted equivalent discharge since the affiliation with Trinity Health and the establishment of the region.

Table 1: Costs per Case Mix Adjusted Equivalent Discharge



Except where otherwise noted, these cost savings will continue to be realized in future years. Furthermore, we continue to identify cost saving opportunities with vendors and will report those cost savings when realized in future reporting periods. See **Attachment A** for expense savings by category.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings. Saint Francis continues to have a strong census as well as being recognized for its clinical excellence. For example, in November 2017, Saint Francis Hospital and Medical Center has again received an "A" rating Hospital Safety Score from The Leapfrog Group, a national hospital quality watchdog organization. Saint Francis has received an "A" rating eight times since the survey's inception in 2012 and is one of only five Connecticut hospitals to receive an "A" rating this year.

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for the Hospital and its immediate parent (SFC or its successor legal entity, SFCRHM). The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment B.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The

required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment C** for Financial Indicators.

Attachment A

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Cost Savings/Synergies 4/1/2017-9/30/2017

LINE	DESCRIPTION	Savings 10/1/2016-3/31/2017 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	
B.	Fringe Benefits (pension)	$3,100
C.	Contractual Labor Fees	
D.	Medical Supplies and Pharmaceutical Cost	$760
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$430
H.	Malpractice Insurance Cost	$1,100
I.	Utilities	
J.	Business Expenses (insurance and IT)	
K.	Other Operating Expense	$400
	Total savings 10/1-3/31	$5,790

Attachment B

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	SEPTEMBER	SEPTEMBER	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$17,282,000	$16,067,000	($1,215,000)	-7%
2	Short Term Investments	$37,626,000	$44,486,000	$6,860,000	18%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$64,589,000	$64,796,000	$207,000	0%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$47,486,000	$90,696,000	$43,210,000	91%
6	Due From Third Party Payers	$5,513,000	$6,245,000	$732,000	13%
7	Inventories of Supplies	$8,913,000	$8,663,000	($250,000)	-3%
8	Prepaid Expenses	$3,861,000	$2,400,000	($1,461,000)	-38%
9	Other Current Assets	$3,498,000	$17,525,000	$14,027,000	401%
	Total Current Assets	**$188,768,000**	**$250,878,000**	**$62,110,000**	**33%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$0	$0	$0	0%
2	Board Designated for Capital Acquisition	$98,242,000	$107,707,000	$9,465,000	10%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$2,118,000	$1,783,000	($335,000)	-16%
	Total Noncurrent Assets Whose Use is Limited:	**$100,360,000**	**$109,490,000**	**$9,130,000**	**9%**
5	Interest in Net Assets of Foundation	$13,266,000	$10,197,000	($3,069,000)	-23%
6	Long Term Investments	$48,717,000	$49,364,000	$647,000	1%
7	Other Noncurrent Assets	$7,050,000	$7,050,000	$0	0%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$418,811,000	$446,444,000	$27,633,000	7%
2	Less: Accumulated Depreciation	$43,734,000	$82,940,000	$39,206,000	90%
	Property, Plant and Equipment, Net	**$375,077,000**	**$363,504,000**	**($11,573,000)**	**-3%**
3	Construction in Progress	$14,905,000	$12,103,000	($2,802,000)	-19%
	Total Net Fixed Assets	**$389,982,000**	**$375,607,000**	**($14,375,000)**	**-4%**
	Total Assets	**$748,143,000**	**$802,586,000**	**$54,443,000**	**7%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$34,163,000	$29,121,000	($5,042,000)	-15%
2	Salaries, Wages and Payroll Taxes	$38,144,000	$31,072,000	($7,072,000)	-19%

Attachment B

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	SEPTEMBER	SEPTEMBER	DIFFERENCE	DIFFERENCE
3	Due To Third Party Payers	$8,953,000	$8,727,000	($226,000)	-3%
4	Due To Affiliates	$0	$0	$0	0%
5	Current Portion of Long Term Debt	$6,925,000	$5,761,000	($1,164,000)	-17%
6	Current Portion of Notes Payable	$0	$0	$0	0%
7	Other Current Liabilities	$9,045,000	$13,365,000	$4,320,000	48%
	Total Current Liabilities	**$97,230,000**	**$88,046,000**	**($9,184,000)**	**-9%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$237,732,000	$233,715,000	($4,017,000)	-2%
	Total Long Term Debt	**$237,732,000**	**$233,715,000**	**($4,017,000)**	**-2%**
3	Accrued Pension Liability	$227,408,000	$192,262,000	($35,146,000)	-15%
4	Other Long Term Liabilities	$51,868,000	$57,584,000	$5,716,000	11%
	Total Long Term Liabilities	**$517,008,000**	**$483,561,000**	**($33,447,000)**	**-6%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	$49,222,000	$140,435,000	$91,213,000	185%
2	Temporarily Restricted Net Assets	$29,372,000	$29,334,000	($38,000)	0%
3	Permanently Restricted Net Assets	$55,311,000	$61,210,000	$5,899,000	11%
	Total Net Assets	**$133,905,000**	**$230,979,000**	**$97,074,000**	**72%**
	Total Liabilities and Net Assets	**$748,143,000**	**$802,586,000**	**$54,443,000**	**7%**

Attachment B

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,252,204,496	$2,472,109,000	$219,904,504	10%
2	Less: Allowances	$1,492,769,983	$1,670,729,000	$177,959,017	12%
3	Less: Charity Care	$14,403,000	$20,662,000	$6,259,000	43%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$745,031,513**	**$780,718,000**	**$35,686,487**	**5%**
5	Provision for Bad Debts	$14,575,173	$11,262,000	($3,313,173)	-23%
	Net Patient Service Revenue less provision for bad debts	**$730,456,340**	**$769,456,000**	**$38,999,660**	**5%**
6	Other Operating Revenue	$37,241,398	$43,979,000	$6,737,602	18%
7	Net Assets Released from Restrictions	$3,396,800	$3,869,000	$472,200	14%
	Total Operating Revenue	**$771,094,538**	**$817,304,000**	**$46,209,462**	**6%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$257,995,100	$245,787,000	($12,208,100)	-5%
2	Fringe Benefits	$64,720,593	$52,305,000	($12,415,593)	-19%
3	Physicians Fees	$52,216,369	$48,090,000	($4,126,369)	-8%
4	Supplies and Drugs	$113,739,471	$140,126,000	$26,386,529	23%
5	Depreciation and Amortization	$43,829,465	$38,485,000	($5,344,465)	-12%
6	Bad Debts	$0		$0	0%
7	Interest Expense	$8,464,953	$9,206,000	$741,047	9%
8	Malpractice Insurance Cost	$8,752,762	$9,905,000	$1,152,238	13%
9	Other Operating Expenses	$210,971,585	$231,207,000	$20,235,415	10%
	Total Operating Expenses	**$760,690,298**	**$775,111,000**	**$14,420,702**	**2%**
	Income/(Loss) From Operations	**$10,404,240**	**$42,193,000**	**$31,788,760**	**306%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$6,881,703	$10,954,000	$4,072,297	59%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($4,959,580)	($927,000)	$4,032,580	-81%
	Total Non-Operating Revenue	**$1,922,123**	**$10,027,000**	**$8,104,877**	**422%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$12,326,363**	**$52,220,000**	**$39,893,637**	**324%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$12,326,363**	**$52,220,000**	**$39,893,637**	**324%**
	Principal Payments	$0	$0	$0	0%

Attachment B Cash Flow

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CASH FLOW

	Twelve Months Ended September 30 2017	Twelve Months Ended September 30 2016
Operating activities and non-operating income		
Excess of revenues over expenses	$ 52,220,000	$ 12,326,000
Adjustments to reconcile excess of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization	38,485,000	44,179,000
Bad debts	11,262,000	14,575,000
Transfers to Trinity Health and affiliates	26,733,000	
Decrease (increase) in interest in Saint Francis Hospital and Medical Center Foundation	3,069,000	(2,287,000)
Increase in assets held in trust by others	-	(2,132,000)
Change in retirement plan related items	7,812,000	
Increase in accrued pension liability	(35,146,000)	(7,978,000)
Increase (decrease) in other long term liabilities	5,716,000	(28,861,000)
Other changes in net assets	4,409,000	(13,637,000)
Change in working capital, other than cash and cash equivalents	(75,747,000)	(62,697,000)
Net cash provided (used) in operating activities	38,813,000	(46,512,000)
Investing activities		
Purchase of property, plant and equipment, net	(24,110,000)	(34,704,000)
Purchase accounting, property, plant and equipment		55,304,000
Increase in investments	(7,507,000)	(18,597,000)
Change in permanently restricted endowment	5,900,000	
Increase in other noncurrent assets		(5,685,000)
Increase in noncurrent assets whose use is limited	(9,130,000)	(2,423,000)
Net cash used in investing activities	(34,847,000)	(6,105,000)
Financing activities		
Principal payments on long-term debt	(5,181,000)	(6,795,000)
Net cash used in financing activities	(5,181,000)	(6,795,000)
Net decrease in cash and cash equivalents	(1,215,000)	(59,412,000)
Cash and cash equivalents at beginning of period	17,282,000	76,694,000
Cash and cash equivalents at end of period	$ 16,067,000	$ 17,282,000

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CHANGES IN COMPONENTS OF WORKING CAPITAL OTHER THAN CASH AND CASH EQUIVALENTS

	Twelve Months Ended September 30 2017	Twelve Months Ended September 30 2016
Changes in current assets:		
Assets whose use is limited required for current liabilities	$ 0	$ 1,521,000
Accounts receivable--patients, net	(11,469,000)	(17,231,000)
Other current assets	(14,027,000)	77,000
Due from third party reimbursement agencies	(732,000)	
Inventory of supplies	250,000	789,000
Prepaid expenses	1,461,000	4,079,000
Due from affiliated entities	(43,210,000)	(42,621,000)
	(67,727,000)	(53,386,000)
Changes in current liabilities:		
Accounts payable and accrued expenses	(5,042,000)	(12,329,000)
Salary and wages, payroll taxes and amounts withheld from employees	(7,072,000)	2,146,000
Other current liabilities	4,320,000	
Due to third party reimbursement agencies	(226,000)	872,000
	(8,020,000)	(9,311,000)
Changes in working capital other than cash and cash equivalents	$ (75,747,000)	$ (62,697,000)

Attachment C Financial Indicators

Saint Francis Hospital and Medical Center

Monthly Financial Measurement/Indicators	Sept 17 YTD	Sept 16 YTD	Comments
A. Operating Performance:			
Operating Margin	5.2%	1.3%	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	11.0%	8.1%	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	0.5%	0.6%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	2.8	1.9	current assets/current liabilites
Days Cash on Hand	42.7	49.7	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD days in yr
Days in Net Accounts Receivables	30.7	32.3	net ar/net patient ser rev(after bd)/days in yr
Average Payment Period	43.6	49.5	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	103.7%	182.7%	total debt/total equity(net assets)
Long-term Debt to Capitalization	50.3%	64.0%	LTD/LTD+net assets
Unrestricted Cash to Debt	36.0%	40.0%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	5.6	2.2	EBIT/Interest expense
Debt Service Coverage Ratio	6.0 x	4.1 x	(Net income+int+depr)/(st debt+int exp)
Equity Financing Ratio	28.8%	17.9%	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations	$ 42,193	$ 10,404	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 52,220	$ 12,326	Net gain(loss)
EBITDA	$ 89,884	$ 62,698	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 60,553	$ 54,908	from cons bs
Net Working Capital	$ 162,832	$ 91,538	current assets-current liabilities
Unrestricted Assets	$ 140,435	$ 49,222	from cons bs

Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis Care, Inc.

Trinity Health
Of New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

December 12, 2017

RE: Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Dear Ms. Roberts:

Please see the attached documents in satisfaction of Stipulation 9 of the above-referenced Agreed Settlement Order dated November 24, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

CON Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Response to Item #9 of the Settlement and Order dated 11/24/2015 for the Six Month Period Ended September 30, 2017

9. Within one hundred and fifty (150) days following the Closing Date and thereafter on an annual basis, the Applicants shall submit to OHCA its Capital Investment Plan specific to JMMC and JMH detailing the proposed allocation of the capital investment commitment over the three-year period post-closing. The submitted plans shall account for the full commitment as stated in this proposal and include the following in a format to be agreed upon:

> *a) A list of planned capital expenditures with detailed descriptions and associated estimated costs; and b) A timeframe for the roll out of the capital projects (including estimated beginning, ending and startup/operation dates); and c) Written reports updating OHCA on the implementation of the Capital Investment Plan in each Annual Report submitted under this Order. Such reports shall describe all activities and expenditures undertaken as part of the Capital Investment Plan, including but not limited to, a description of the capital project, the dates and amounts of withdrawals from the JMMC's operating account and/or any other sources of funding used to fulfill the capital commitment. The reports shall be signed by JMMC's Chief Financial Officer.*

Since the approval of the Certificate of Need, Johnson has been in the process of developing the capital budget for FY 2017 (July 1, 2016 through June 30, 2017).

For the period April 1, 2016 through September 30, 2016, Johnson incurred capital expenditures of $1.1 million (See **Attachment A**). As previously reported, Trinity Health – New England (formerly known as Saint Francis *Care,* Inc.*)* and Johnson accelerated the timing of the implementation of the Epic electronic medical record system. The total capital cost of this system implementation relating to Johnson was approximately $6.8 million, which was paid by Saint Francis Hospital and Medical Center and ultimately structured as a capital lease to Johnson. Annual capital lease payments from Johnson to Saint Francis Hospital and Medical Center total $960,000 annually for seven years, $480,000 for the six month period ended September 30, which has been included in the capital expenditure report attached.

The FY 2017-FY2020 preliminary capital budget for Johnson (see **Attachment B**) was developed as part of the Trinity Health-New England's capital and operating budget processes as well as the current strategic financial planning process for the fiscal years 2018-2020. While capital projects are inventoried and identified during the strategic planning process, the actual expenditure for FY 2017, 2018 and 2019 will likely be $1.5 million, $3.0 million and $3.0 million, respectively. Individual items on Johnson's capital request will be continuously evaluated as we are constantly assessing the strategic needs of the facilities.

Johnson Memorial Hospital/Johnson Memorial Medical Center
New Acquisition Jan - Sept 16
Stipulation # 9 Attachment A

Row Labels	Sum of ORIGINAL COST
1/1/2016	**$ 102,509**
AccuDose Door Lock	$ 50,603
MRI Portico work	$ 31,904
software	$ 13,053
(blank)	$ 6,949
2/1/2016	**$ 40,656**
HD LED CD monitor/stand/basket	$ 14,260
JSC humidity & temp control	$ 26,396
3/1/2016	**$ 43,475**
AccuDose Door Lock	$ 7,425
analog video monitor syste -icu	$ 4,987
Endo cleaning station	$ 7,312
JSC humidity & temp control	$ 4,695
pneumatic Tube system	$ 10,276
upgrad to hum/temp controls	$ 8,780
4/1/2016	**$ 55,385**
Anesthesia monitors- lease buyout	$ 12,000
Psych room renovations	$ 19,825
renov for steris washer/sink,counter	$ 11,900
Steris/Amsco Washer	$ 11,660
5/1/2016	**$ 111,352**
Centricity Perinatal Intrapartum System	$ 86,343
Cystoscope equipment	$ 25,009
6/1/2016	**$ 279,465**
EPIQ 7G Ultrasound System	$ 259,640
Psych room renovations	$ 19,825
7/1/2016	**$ 23,496**
Endo cleaning station	$ 17,061
LF-DP Tracheal Intubation Fib rscope	$ 6,435
8/1/2016	**$ 119,998**
Kawneed series alum doors	$ 7,750
PeopleSoft Licenses	$ 112,248
Grand Total	**$ 776,335**

Epic Capital Lease	$	720,000
Total Capital Expenditures including Lease 1/1-9/30	$	1,496,335
Total Capital Expenditures including Lease 4/1-9/30	$	1,069,696

Johnson Memorial Medical Center/Johnson Memorial Hospital

FY 2017 to FY 2020 Preliminary Capital Plan

Stipulation #9 Attachment B

N=New
R = Replace

Entity/Leader/Dept	Item Description	Priority		FY 2017	FY 2018	FY 2019	FY 2020
Plant Operations (8060)	Electrical upgrades - Phase One (FY18= $600k, FY19=$100k)	1		460,909	239,091		
Plant Operations (8060)	Kitchen Exhaust System	1		235,797			
Radiology (7240)	Digital Radiology room - remove old equip, install	1	R	210,000			
Nursing Admin (6010)	R Series ALC biphasic ZOLL Defibrillators (11 defibrillators)	1	R	208,611			
Plant Operations (8060)	Paving Visitor Parking Lot	2	R	126,165			
Plant Operations (8060)	Patient Room windows - recalk for blurry			50,000			
Pharmacy (7330)	Guardrails Service contract for Alaris IV pumps	1	R	72,000			
Plant Operations (8060)	Repairs to main Entrance Canopy	1		65,418			
Plant Operations (8060)	Uranium System	1		35,000			
Radiology (7240)	Raometeric - one for JSC & JMH	1	N	18,000			
Pharmacy (7330)	3-card reader controller Locks (2 Stfd, 1 Enf)	1	N	10,000			
Plant Operations (8060)	Remove & install new Fire Hydrant	1		8,100			
Pharmacy (7330)	IV room @ JMH	1	N		500,000		
Radiology (7240)	Digital Mammography upgrad 2D @ JSC and Digital @JMH	1	R		430,000		
Radiology (7240)	R&F Digital room - remove old equip, install	1	R		$369,750		
Pharmacy (7330)	AcuDose Equipment for OR suites @ JSC OR suites	1	N	-	274,001		
Radiology (7240)	GE OEC C-Arm	2	R		200,000		
Ultrasound (7280)	Ultrasound room & removal of old u/s equip	1	R		135,395		
Ultrasound (7280)	Philips EPIQ 7 Diamond Select System	1	R		118,000		
Plant Operations (8060)	Boiler,Energy Saving Controls/Hawk system	1	R		125,915		
Plant Operations (8060)	Paving Roadway, Loading Dock area, parking	2	R		$122,841		
Pharmacy (7330)	AcuDose Software Upgrade Connect	1	R		76,118		
Nursing Admin (6010)	Carefusion Alaris PCA modules, Unites, ETC02 modules	1	R		75,768		
Cardiolvascular (7250)	Cardiovascular Ultrasound Scanner	1	R		75,150		
Plant Operations (8060)	Bobcat for Snow removal & grounds work	2			$70,000		
Central Sterile Proc. (6760)	Getinge 733 sterilizer	1	N		69,636		
JSC (Surgery Ctr) (6600)	OR Surgical Lights in OR 1, 2 & 3	1	R		66,492		
Plant Operations (8060)	ABS - JMH OR/Pharmacy/Heat Exchanger	2			61,320		
Plant Operations (8060)	Lighting Protections: Main Bldg; BH; PH; & WWTP	2			$55,550		
Plant Operations (8060)	Truck	2			50,000		

Johnson Memorial Medical Center/Johnson Memorial Hospital

FY 2017 to FY 2020 Preliminary Capital Plan

Stipulation #9 Attachment B

N=New
R = Replace

Entity/Leader/Dept	Item Description	Priority		FY 2017	FY 2018	FY 2019	FY 2020
JSC (Surgery Ctr) (6600)	Stryker Video Equipment Incl display & camera heads	2	R		40,101		
Enfield Phys Med (7093)	Mediware MediLinks OP CUL License	1	N		39,960		
Perioperative Svcs (6610)	Urology Instrumentation	1	R		34,000		
Nursing Admin (6010)	Carefusion Alaris syringe modules and software	2	R		33,252		
Nursing Admin (6010)	3 EZZ way 1000 lb ceiling lifts w continuous charge	2	N		32,262		
Plant Operations (8060)	Paint Boiler House Smoke Stack	2			$31,180		
Psychiatry (6070)	Psychiatric Safe Medical Beds - 5 beds @ $5,900	2	N		29,500		
CT Scan (7230)	ACR CT phantoms for JSC & JMH	1	N		26,000		
Plant Operations (8060)	I-Net Sysetm Upgrade	1			13,285		
Pharmacy (7330)	Camera Security System for pharm (4 Stfd, 2 Enf)	1	N		12,000		
Plant Operations (8060)	Fleet Guard Key System - control system	2			11,818		
Radiology (7240)	Stryker Stretcher - trauma - JMH	1	R		$9,100		
Plant Operations (8060)	Backup Myers Pump for Bed 6 WWTP	2			9,084		
Ultrasound (7280)	Stryker OB Stretcher for JSC	1	N		6,000		
Plant Operations (8060)	Install 9 bollards in front of Generator	1			$7,786		
	Carefusion					2,000,000	
	Pixis						
Nuclear Medicine (7300)	Siemens Symbia T6 Spect/CT camera	1	R			599,600	
CT Scan (7230)	Siemens Somatome Perspective 64 slice scanner	1	R			525,000	
Radiology (7240)	RadSpeed Auto Dr Radiographic Room	2	R			273,350	
Laboratory (7020)	Hematology replacemsnt (2) Sysmex XN2000 analyzers	2	R			173,918	
Same Day Surgury (6605)	GE patient monitors & Central station monitor	2	R			145,834	
Plant Operations (8060)	Hot Water System	3				130,000	
Laboratory (7020)	(2) ACL TOP 300 Coagulation analyzers	1	R			90,000	
Perioperative Svcs (6610)	Mammotome	1	N			$65,526	
Radiology (7240)	Bone Density (remove old equip, install)	3	R			65,000	
Central Sterile Proc. (6760)	Getinge 8668 Washer Disinfecter 12 Tray unit	3	N			55,598	
Plant Operations (8060)	Fuel duplex pump set	3				47,919	
Plant Operations (8060)	Medical Vacuum System	3				$31,997	
Respiratory Therapy (7400)	Maquet SERVO - 1 Universal Core	1	N			30,681	

Johnson Memorial Medical Center/Johnson Memorial Hospital

FY 2017 to FY 2020 Preliminary Capital Plan

Stipulation #9 Attachment B

N=New
R = Replace

Entity/Leader/Dept	Item Description	Priority		FY 2017	FY 2018	FY 2019	FY 2020
Cardiac Rehab (7590)	complete phase 3 of business plan for relocation	1	N			23,100	
Radiology (7240)	C-Arm Table	3	R			20,000	
Plant Operations (8060)	New Well Install #9 - LaFamboise	3				17,155	
Anesthesia (7370)	Glide Scope	1	R			$14,422	
CT Scan (7230)	Renovation of Ct area - stretcher, curtain, paint/floor		R			10,000	
Radiology (7240)	renovation of main xray viewing room		N			10,000	
Emergency Rm (6850)	Stryker Stretcher - Trauma/2 Big Wheel	1	N			9,405	
Post Anesthesia Care (6660	Transport Monitor	1	N	-		8,530	
Laboratory (7020)	Ortho Workstation for ID-MTS Gel Cards	1	N			7,060	
Central Sterile Proc. (6760)	Getinge Prep & Pack table	3	N			6,883	
Enfield Phys Med (7093)	NuStep Recumbent Cross Trainer w/oversized seat	2	R			6,670	
Laboratory (7020)	Hematology micro scope	1	R			$6,400	
CT Scan (7230)	Countertop Blanket Warmer		N			6,000	
Radiology (7240)	GE 9" Laser Aimer for OEC 9899 +C-Arm Part		N			6,000	
Enfield Phys Med (7093)	AC5000M Treadmill w handrails/wght cap of 550 lbs	3	R			4,972	
CT Scan (7230)	64 slice Ct Scanner with install & remove old equip,	2	R				$569,170
Plant Operations (8060)	Contingency - Emergency Repairs	3					500,000
Anesthesia (7370)	Anesthisia Machines	3	R				400,000
Plant Operations (8060)	Nirenberg - Generators	3					350,000
Grand Totals JMMC				$ 1,500,000	$ 3,450,355	$ 4,391,020	$ 1,819,170

Note: Based on current infrastructure issues at Johnson, the creation of a sewer system is expected over the next three years. The estimated costs for Johnson relating to this project is approximately $4.0 million. This amount is not included in the schedule above.

Trinity Health
Of New England

Karen Roberts
Principal Health Care Analyst
Office of Health Care Access
410 Capitol Avenue
MS# 13HCA
P.O. Box 340308
Hartford, CT 06134-0308

December 12, 2017

RE: Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Dear Ms. Roberts:

Please see the attached documents in satisfaction of Stipulations 10 and 11 of the above-referenced Agreed Settlement Order dated November 24, 2015.

Please do not hesitate to contact me if you have any questions regarding this matter at 860-714-6165.

Thank you for your attention to this matter.

Sincerely,

Claudio A. Capone
Regional Vice President
Strategic Planning and Business Development

Enc.

CON Docket Number: 15-32002-CON Transfer of Ownership of Johnson Memorial Medical Center to Saint Francis *Care,* Inc.

Response to Items #10 and #11 of the Settlement and Order dated 11/24/2015 for the Six Month Period Ended September 30, 2017

10. For three (3) years following the Closing Date, the Applicants shall file the following information with OHCA on a semi-annual basis for both JMH and its immediate parent, JMMC. For purposes of this Order, semi-annual periods are October 1- March 31 and April 1 - September 30. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016:

a) The cost saving totals achieved in the following Operating Expense Categories for both JMH and its immediate parent, JMMC: Salaries and Wages, Fringe Benefits, Contractual Labor Fees, Medical Supplies and Pharmaceutical Costs, Depreciation and Amortization, Interest Expense, Malpractice Expense, Utilities, Business Expenses and Other Operating Expenses. The categories shall be consistent with the major operating expense categories (Categories A,B,C,D,E,G,H,I,J, and K) which are in use at the time of reporting in the OHCA Hospital Reporting System ("HRS") Report 175 or successor report. The semi-annual submission shall also contain narratives describing:

1. the major cost savings achieved for each expense category; and

Since January 1, 2016, the leaders within the functional areas at Saint Francis Hospital and Medical Center have been working closely with Johnson to identify and implement changes to realize cost savings opportunities. As previously reported, one immediate benefit was the successful restructuring of Johnson's debt as of December 31, 2015 with an intercompany loan from Trinity Health Of New England Corporation, Inc. (TH Of NE). In addition, Saint Francis Hospital and Medical Center forgave a loan due from Johnson in the amount of $2,350,000 upon the closing of the transaction. The restructured debt has resulted in a decrease of interest expense in the amount of $48,000 for the six month period ended September 30, 2017.

Another significant savings realized to date was the inclusion of Johnson into the Trinity Health insurance program. This produced an overall decrease in annual premiums for malpractice, workers compensation and other business policies of approximately $1.0 million. Furthermore, additional insurance premium savings of $198,000 will be realized for the annual period 7/1/2017 through 6/30/2018. For the six month period ended September 30, 2017, the additional savings realized was approximately $100,000.

There continues to be significant efforts to centralize and regionalize support functions across TH Of NE including Finance, Human Resources, Revenue Cycle, Quality, Performance Improvement, Facilities, and Information Systems. In the last twelve months, HIM and Billing have fully integrated into TH Of NE. This has resulted in reduction of costs at Johnson of $1.2 million for the six months ended September 30, 2017 for all of these support areas.

In addition, Johnson has benefited from the utilization of both regional and system office Legal Services, Compliance and Audit departments. The decrease in legal fees, consulting and auditing costs associated with this transition was $258,000 for the six month period ended September 30, 2017.

Annual non-salary information technology costs of $308,000 were transferred to the region at the beginning of FY 2017. Other cost reductions due to regionalization were $47,000 and $43,000 in advertising and recruitment expenses. Johnson's portion of these costs are now included in the regional allocation.

The above savings are offset by a TH Of NE regional allocation of $706,000 for the six month period included in other operating expenses in **Attachment A.**

Another initiative to improve quality and decrease costs that occurred during FY 2017 was the restructuring of lab services utilizing Collaborative Laboratory Services ("CLS"). This restructure transitioned the lab personnel and purchasing of supplies from Johnson to CLS. As a result, Johnson is now charged a cost per RVU for lab tests performed from CLS. This integration of Johnson's lab with CLS has resulted in net savings of $328,000 for the six month period ended September 30, 2017. Currently, we are in the process of evaluating the regionalization of the Laboratory across the entire TH Of NE region.

As previously reported, during the first calendar quarter of 2017, the Enfield Oncology staff transitioned to employees of Saint Francis. This transition allows both Saint Francis and Johnson to share resources across both campuses, provide enhanced compensation packages for employees and has resulted in a lower cost to Johnson through this arrangement. Additional savings were realized as a result of this integration and the net benefit to Johnson was $142,000 for the six months ended September 30, 2017.

In addition to the cost savings, Johnson has been able to leverage the expertise and resources at Saint Francis Hospital and Medical Center, Trinity Health Of New England and Trinity Health in each of the areas identified above.

JMMC merged into JMH on January 23, 2017 and all savings related to this transaction were recognized in JMH prior to the merger

Lastly, TH Of NE working with Trinity Health has engaged consultants to continue to assist in performance improvement, integration, regionalization strategy, productivity improvements and other cost reductions. Resources from Trinity Health system office are supporting these efforts and are on-site on a regular basis. Furthermore, Trinity Health has assumed 50% of these costs totaling over $1.3 million benefit to the Connecticut hospitals within TH Of NE for the six month period.

We continue to identify cost saving opportunities as we align our vendor contracts with Trinity Health system contracts. Supply chain savings realized during the six month period was $28,000.

See **Attachment A** for expense savings by category. Also, refer to financial statistics noting significant improvement in financial performance since the acquisition of Johnson by TH Of NE.

2. the effect of these cost savings on the clinical quality of care.

There has been no negative impact to clinical quality of care as a result of these cost savings.

Since joining TH Of NE, Johnson has received the Gold Seal 3-year Joint Commission Accreditation, and has experienced improvements in both patient experience and clinical quality. With that said, Johnson is leading the region in three critical metrics: Hospital Acquired Infections, Readmission Rates and ED Patient Experience. Areas of clinical quality improvement have also resulted in decreased serious safety events.

Also, Johnson's average daily census and year-to-date discharges continue to remain strong and Johnson's overall financial performance has improved significantly since the affiliation. See **Attachment B** which highlights the overall decrease in costs per case mix adjusted equivalent at Johnson since the acquisition on January 1, 2016.

b) A consolidated Balance Sheet, Statement of Operations, and Statement of Cash Flows for JMH and its immediate parent, JMMC. The format shall be consistent with that which is in use at the time of reporting in OHCA's HRS Reports 100/150, 300/350 or successor reports.

See **Attachment C.**

11) For three (3) years following the Closing Date, SFCRHM shall submit to OHCA a financial measurement report. This report shall be submitted on a semi-annual basis and show current month and year-to-date data, and comparable prior year period data for the Hospital and for SFCRHM. The required information is due no later than two (2) months after the end of each semi-annual period. Due dates are May 31st and November 30th, beginning May 31, 2016.

See **Attachment D** for Financial Indicators.

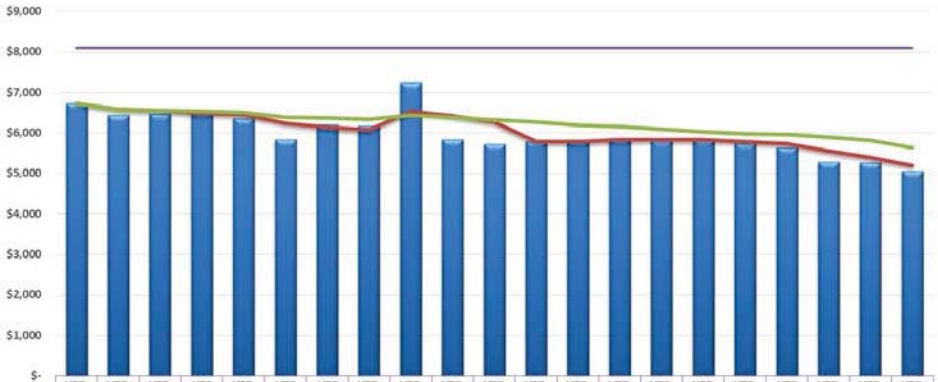
Attachment A

Johnson Memorial Hospital
Cost Savings/Synergies 4/1/2017-9/30/2017

LINE	DESCRIPTION	Savings 4/1-9/30 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	$2,140
B.	Fringe Benefits (pension and workers comp)	$428
C.	Contractual Labor Fees	($2,430)
D.	Medical Supplies and Pharmaceutical Cost	$843
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$48
H.	Malpractice Insurance Cost	$0
I.	Utilities	
J.	Business Expenses (insurance)	$101
K.	Other Operating Expense	$258
	Total savings 4/1-9/30	$1,388

Attachment B

Johnson Memorial Hospital Cost Analysis
Costs per Case Mix Adjusted Equivalent Discharge (CMAED)



	YTD Jan-16	YTD Feb-16	YTD Mar-16	YTD Apr-16	YTD May-16	YTD Jun-16	YTD Jul-16	YTD Aug-16	YTD Sept-16	YTD Oct-16	YTD Nov-16	YTD Dec-16	YTD Jan-17	YTD Feb-17	YTD Mar-17	YTD Apr-17	YTD May-17	YTD Jun-17	YTD Jul-17	YTD Aug-17	YTD Sep-17
Cost per CMAED	6,726	6,437	6,470	6,529	6,356	5,835	6,204	6,170	7,242	5,840	5,717	5,779	5,825	5,861	5,808	5,815	5,738	5,641	5,272	5,263	5,049
3 month mov average	6,726	6,582	6,545	6,479	6,452	6,240	6,132	6,070	6,539	6,418	6,266	5,779	5,773	5,822	5,831	5,828	5,787	5,731	5,551	5,392	5,195
12 month mov average	6,726	6,582	6,545	6,541	6,504	6,392	6,365	6,341	6,441	6,381	6,321	6,276	6,200	6,152	6,097	6,038	5,986	5,970	5,892	5,817	5,634
Goal	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108

Per HFM KFI YTD

Attachment C

JOHNSON MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$1,696,172	$1,865,864	$169,692	10%
2	Short Term Investments	$0	$0	$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$17,416,699	$6,738,696	($10,678,003)	-61%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$1,513,473	$2,060,646	$547,173	36%
8	Prepaid Expenses	$676,712	$941,512	$264,800	39%
9	Other Current Assets	$3,525,137	$1,417,841	($2,107,296)	-60%
	Total Current Assets	**$24,828,193**	**$13,024,559**	**($11,803,634)**	**-48%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$0	$0	$0	0%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$0	$0	$0	0%
	Total Noncurrent Assets Whose Use is Limited:	**$0**	**$0**	**$0**	**0%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$3,202,165	$3,000,925	($201,240)	-6%
7	Other Noncurrent Assets	$805,530	$679,961	($125,569)	-16%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$20,747,175	$28,194,191	$7,447,016	36%
2	Less: Accumulated Depreciation	$861,533	$3,484,320	$2,622,787	304%
	Property, Plant and Equipment, Net	**$19,885,642**	**$24,709,871**	**$4,824,229**	**24%**
3	Construction in Progress	$870,370	$867,879	($2,491)	0%
	Total Net Fixed Assets	**$20,756,012**	**$25,577,750**	**$4,821,738**	**23%**
	Total Assets	**$49,591,900**	**$42,283,195**	**($7,308,705)**	**-15%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$4,482,470	$2,835,389	($1,647,081)	-37%
2	Salaries, Wages and Payroll Taxes	$2,489,512	$2,489,870	$358	0%

Attachment C

JOHNSON MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
3	Due To Third Party Payers	$843,823	$2,051,852	$1,208,029	143%
4	Due To Affiliates	$23,268,975	$8,077,987	($15,190,988)	-65%
5	Current Portion of Long Term Debt	$0	$0	$0	0%
6	Current Portion of Notes Payable	$992,452	$662,874	($329,578)	-33%
7	Other Current Liabilities	$531,683	$396,731	($134,952)	-25%
	Total Current Liabilities	**$32,608,915**	**$16,514,703**	**($16,094,212)**	**-49%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$21,457,110	$21,256,398	($200,712)	-1%
	Total Long Term Debt	**$21,457,110**	**$21,256,398**	**($200,712)**	**-1%**
3	Accrued Pension Liability	$0	$0	$0	0%
4	Other Long Term Liabilities	$1,152,091	$1,225,411	$73,320	6%
	Total Long Term Liabilities	**$22,609,201**	**$22,481,809**	**($127,392)**	**-1%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	($6,168,689)	$2,634,070	$8,802,759	-143%
2	Temporarily Restricted Net Assets	$542,473	$652,613	$110,140	20%
3	Permanently Restricted Net Assets	$0	$0	$0	0%
	Total Net Assets	**($5,626,216)**	**$3,286,683**	**$8,912,899**	**-158%**
	Total Liabilities and Net Assets	**$49,591,900**	**$42,283,195**	**($7,308,705)**	**-15%**

Attachment C

JOHNSON MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	JAN - SEPT	SEPTEMBER	DIFFERENCE	DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$125,148,528	$175,765,124	$50,616,596	40%
2	Less: Allowances	$75,020,725	$110,810,545	$35,789,820	48%
3	Less: Charity Care	$106,845	$0	($106,845)	-100%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$50,020,958**	**$64,954,579**	**$14,933,621**	**30%**
5	Provision for Bad Debts	$2,839,922	$2,354,604	($485,318)	-17%
	Net Patient Service Revenue less provision for bad debts	**$47,181,036**	**$62,599,975**	**$15,418,939**	**33%**
6	Other Operating Revenue	$433,585	$1,794,264	$1,360,679	314%
7	Net Assets Released from Restrictions	$9,000	$23,149	$14,149	157%
	Total Operating Revenue	**$47,623,621**	**$64,417,388**	**$16,793,767**	**35%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$19,306,685	$22,387,242	$3,080,557	16%
2	Fringe Benefits	$4,538,798	$4,723,464	$184,666	4%
3	Physicians Fees	$4,080,467	$5,923,698	$1,843,231	45%
4	Supplies and Drugs	$7,477,413	$10,598,733	$3,121,320	42%
5	Depreciation and Amortization	$2,385,036	$2,408,210	$23,174	1%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$646,780	$796,688	$149,908	23%
8	Malpractice Insurance Cost	$102,815	$164,120	$61,305	60%
9	Other Operating Expenses	$12,312,821	$16,792,654	$4,479,833	36%
	Total Operating Expenses	**$50,850,815**	**$63,794,809**	**$12,943,994**	**25%**
	Income/(Loss) From Operations	**($3,227,194)**	**$622,579**	**$3,849,773**	**-119%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$0	$0	$0	0%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($246,748)	($25,088)	$221,660	-90%
	Total Non-Operating Revenue	**($246,748)**	**($25,088)**	**$221,660**	**-90%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**($3,473,942)**	**$597,491**	**$4,071,433**	**-117%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$300,649	$300,649	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$300,649**	**$300,649**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**($3,473,942)**	**$898,140**	**$4,372,082**	**-126%**
	Principal Payments	$109,419	$1,213,306	$1,103,887	1009%

Attachment C

JOHNSON MEMORIAL MEDICAL CENTER, INC.
CONSOLIDATED STATEMENT OF CASH FLOW

	September 30 2017	September 30 2016
Operating activities and non-operating income		
Excess (deficiency) of revenues over expenses	**$ 59,054**	**$ (3,989,078)**
Adjustments to reconcile deficiency of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization	**2,449,027**	**2,481,154**
Bad debts	**2,920,770**	**3,183,064**
Increase in pension and other accrued expenses	**73,320**	**801,386**
Other changes in net assets	**69,546**	**96,063**
Change in working capital, other than cash and cash equivalents	**(2,409,392)**	**2,513,860**
Net cash provided by operating activities	**3,162,325**	**5,086,449**
Investing activities		
Purchase of property, plant and equipment, net	**(2,818,652)**	**(1,679,032)**
Decrease in long term investments	**201,240**	**269,872**
(Increase) decrease in other assets	**125,569**	**(798,396)**
Net cash used in investing activities	**(2,491,843)**	**(2,207,556)**
Financing activities		
Principal payments on long-term debt	**(530,290)**	**(819,824)**
Net cash used in financing activities	**(530,290)**	**(819,824)**
Net increase in cash and cash equivalents	**140,192**	**2,059,069**

Attachment D

k. Provide monthly financial reports that include statistics for the current month, year-to-date and comparable month from the previous year for the following:

Johnson Memorial Hospital

Monthly Financial Measurement/Indicators	Sept 17 YTD	Sept 16 YTD*	Comments
A. Operating Performance:			
Operating Margin	1.0%	(6.8%)	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	5.9%	(0.4%)	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	1.6%	2.3%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	0.8	0.8	current assets/current liabilites
Days Cash on Hand	11.1	9.6	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD
Days in Net Accounts Receivables	37.9	100.8	net ar/net patient ser rev/days in yr
Average Payment Period	98.2	183.7	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	666.8%	(399.0%)	total debt/total equity(net assets)
Long-term Debt to Capitalization	86.6%	135.5%	LTD/LTD+net assets
Unrestricted Cash to Debt	8.5%	7.6%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	1.8	(4.0)	EBIT/Interest expense
Debt Service Coverage Ratio	2.62	(0.12)	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	7.8%	(11.3%)	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations**	$ 623	$ (3,227)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 898	$ (3,474)	Net gain(loss)
EBIDA	$ 3,828	$ (195)	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 1,866	$ 1,696	from bs
Net Working Capital	$ (3,490)	$ (7,781)	current assets-current liabilities
Unrestricted Assets	$ 2,634	$ (6,169)	from bs

*1/1/-9/30/16

Attachment C

JOHNSON MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
I.	**ASSETS**				
A.	**Current Assets:**				
1	Cash and Cash Equivalents	$1,696,172	$1,865,864	$169,692	10%
2	Short Term Investments	$0	$0	$0	0%
3	Accounts Receivable (Less: Allowance for Doubtful Accounts)	$17,416,699	$6,738,696	($10,678,003)	-61%
4	Current Assets Whose Use is Limited for Current Liabilities	$0	$0	$0	0%
5	Due From Affiliates	$0	$0	$0	0%
6	Due From Third Party Payers	$0	$0	$0	0%
7	Inventories of Supplies	$1,513,473	$2,060,646	$547,173	36%
8	Prepaid Expenses	$676,712	$941,512	$264,800	39%
9	Other Current Assets	$3,525,137	$1,417,841	($2,107,296)	-60%
	Total Current Assets	**$24,828,193**	**$13,024,559**	**($11,803,634)**	**-48%**
B.	**Noncurrent Assets Whose Use is Limited:**				
1	Held by Trustee	$0	$0	$0	0%
2	Board Designated for Capital Acquisition	$0	$0	$0	0%
3	Funds Held in Escrow	$0	$0	$0	0%
4	Other Noncurrent Assets Whose Use is Limited	$0	$0	$0	0%
	Total Noncurrent Assets Whose Use is Limited:	**$0**	**$0**	**$0**	**0%**
5	Interest in Net Assets of Foundation	$0	$0	$0	0%
6	Long Term Investments	$3,202,165	$3,000,925	($201,240)	-6%
7	Other Noncurrent Assets	$805,530	$679,961	($125,569)	-16%
C.	**Net Fixed Assets:**				
1	Property, Plant and Equipment	$20,747,175	$28,194,191	$7,447,016	36%
2	Less: Accumulated Depreciation	$861,533	$3,484,320	$2,622,787	304%
	Property, Plant and Equipment, Net	**$19,885,642**	**$24,709,871**	**$4,824,229**	**24%**
3	Construction in Progress	$870,370	$867,879	($2,491)	0%
	Total Net Fixed Assets	**$20,756,012**	**$25,577,750**	**$4,821,738**	**23%**
	Total Assets	**$49,591,900**	**$42,283,195**	**($7,308,705)**	**-15%**
II.	**LIABILITIES AND NET ASSETS**				
A.	**Current Liabilities:**				
1	Accounts Payable and Accrued Expenses	$4,482,470	$2,835,389	($1,647,081)	-37%

Attachment C

JOHNSON MEMORIAL HOSPITAL

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 100 - HOSPITAL BALANCE SHEET INFORMATION

(1)	(2)	(3)	(3)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	SEPTEMBER	DIFFERENCE	DIFFERENCE
2	Salaries, Wages and Payroll Taxes	$2,489,512	$2,489,870	$358	0%
3	Due To Third Party Payers	$843,823	$2,051,852	$1,208,029	143%
4	Due To Affiliates	$23,268,975	$8,077,987	($15,190,988)	-65%
5	Current Portion of Long Term Debt	$0	$0	$0	0%
6	Current Portion of Notes Payable	$992,452	$662,874	($329,578)	-33%
7	Other Current Liabilities	$531,683	$396,731	($134,952)	-25%
	Total Current Liabilities	**$32,608,915**	**$16,514,703**	**($16,094,212)**	**-49%**
B.	**Long Term Debt:**				
1	Bonds Payable (Net of Current Portion)	$0	$0	$0	0%
2	Notes Payable (Net of Current Portion)	$21,457,110	$21,256,398	($200,712)	-1%
	Total Long Term Debt	**$21,457,110**	**$21,256,398**	**($200,712)**	**-1%**
3	Accrued Pension Liability	$0	$0	$0	0%
4	Other Long Term Liabilities	$1,152,091	$1,225,411	$73,320	6%
	Total Long Term Liabilities	**$22,609,201**	**$22,481,809**	**($127,392)**	**-1%**
5	Interest in Net Assets of Affiliates or Joint Ventures	$0	$0	$0	0%
C.	**Net Assets:**				
1	Unrestricted Net Assets or Equity	($6,168,689)	$2,634,070	$8,802,759	-143%
2	Temporarily Restricted Net Assets	$542,473	$652,613	$110,140	20%
3	Permanently Restricted Net Assets	$0	$0	$0	0%
	Total Net Assets	**($5,626,216)**	**$3,286,683**	**$8,912,899**	**-158%**
	Total Liabilities and Net Assets	**$49,591,900**	**$42,283,195**	**($7,308,705)**	**-15%**

Attachment D

k. Provide monthly financial reports that include statistics for the current month, year-to-date and comparable month from the previous year for the following:

Johnson Memorial Hospital

Monthly Financial Measurement/Indicators	Sept 17 YTD	Sept 16 YTD*	Comments
A. Operating Performance:			
Operating Margin	1.0%	(6.8%)	operating income/operating revenues
Non-Operating Margin	NA	NA	
Total Margin	5.9%	(0.4%)	Operating cash flow margin (EBIDA/operating revenue)
Bad Debt as % of Gross Revenue	1.6%	2.3%	bad debt/total patient serv. Revenue(before allowances)
B. Liquidity:			
Current Ratio	0.8	0.8	current assets/current liabilites
Days Cash on Hand	11.1	9.6	(cash and cash equiv+board restr. cash)/(total exp-depr)/YTD
Days in Net Accounts Receivables	37.9	100.8	net ar/net patient ser rev/days in yr
Average Payment Period	98.2	183.7	current liabilities/(total exp-depr)/YTD days in yr
C. Leverage and Capital Structure:			
Long-term Debt to Equity	666.8%	(399.0%)	total debt/total equity(net assets)
Long-term Debt to Capitalization	86.6%	135.5%	LTD/LTD+net assets
Unrestricted Cash to Debt	8.5%	7.6%	(cash and cash equiv+board restr. cash)/total debt (lt & st)
Times Interest Earned Ratio	1.8	(4.0)	EBIT/Interest expense
Debt Service Coverage Ratio	2.62	(0.12)	(Net inc+int+depr)/(st debt+int exp)
Equity Financing Ratio	7.8%	(11.3%)	Net assets/total assets
D. Additional Statistics (in thousands)			
Income(Loss) from Operations**	$ 623	$ (3,227)	Net income(loss) from operations
Revenue Over/(Under) Expense	$ 898	$ (3,474)	Net gain(loss)
EBIDA	$ 3,828	$ (195)	based on net income(loss) from operations
Patient Cash Collected	NA	NA	
Cash and Cash Equivalents	$ 1,866	$ 1,696	from bs
Net Working Capital	$ (3,490)	$ (7,781)	current assets-current liabilities
Unrestricted Assets	$ 2,634	$ (6,169)	from bs

*1/1/-9/30/16

Attachment B Cash Flow

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CASH FLOW

	Twelve Months Ended September 30 2017	Twelve Months Ended September 30 2016
Operating activities and non-operating income		
Excess of revenues over expenses	**$ 52,220,000**	**$ 12,326,000**
Adjustments to reconcile excess of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization	**38,485,000**	**44,179,000**
Bad debts	**11,262,000**	**14,575,000**
Transfers to Trinity Health and affiliates	**26,733,000**	
Decrease (increase) in interest in Saint Francis Hospital and Medical Center Foundation	**3,069,000**	**(2,287,000)**
Increase in assets held in trust by others	**-**	**(2,132,000)**
Change in retirement plan related items	**7,812,000**	
Increase in accrued pension liability	**(35,146,000)**	**(7,978,000)**
Increase (decrease) in other long term liabilities	**5,716,000**	**(28,861,000)**
Other changes in net assets	**4,409,000**	**(13,637,000)**
Change in working capital, other than cash and cash equivalents	**(75,747,000)**	**(62,697,000)**
Net cash provided (used) in operating activities	**38,813,000**	**(46,512,000)**
Investing activities		
Purchase of property, plant and equipment, net	**(24,110,000)**	**(34,704,000)**
Purchase accounting, property, plant and equipment		**55,304,000**
Increase in investments	**(7,507,000)**	**(18,597,000)**
Change in permanently restricted endowment	**5,900,000**	
Increase in other noncurrent assets		**(5,685,000)**
Increase in noncurrent assets whose use is limited	**(9,130,000)**	**(2,423,000)**
Net cash used in investing activities	**(34,847,000)**	**(6,105,000)**
Financing activities		
Principal payments on long-term debt	**(5,181,000)**	**(6,795,000)**
Net cash used in financing activities	**(5,181,000)**	**(6,795,000)**
Net decrease in cash and cash equivalents	**(1,215,000)**	**(59,412,000)**
Cash and cash equivalents at beginning of period	**17,282,000**	**76,694,000**
Cash and cash equivalents at end of period	**$ 16,067,000**	**$ 17,282,000**

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
CONSOLIDATED STATEMENT OF CHANGES IN COMPONENTS OF WORKING CAPITAL OTHER THAN CASH AND CASH EQUIVALENTS

	Twelve Months Ended September 30 2017	Twelve Months Ended September 30 2016
Changes in current assets:		
Assets whose use is limited required for current liabilities	**$ 0**	**$ 1,521,000**
Accounts receivable--patients, net	**(11,469,000)**	**(17,231,000)**
Other current assets	**(14,027,000)**	**77,000**
Due from third party reimbursement agencies	**(732,000)**	
Inventory of supplies	**250,000**	**789,000**
Prepaid expenses	**1,461,000**	**4,079,000**
Due from affiliated entities	**(43,210,000)**	**(42,621,000)**
	(67,727,000)	**(53,386,000)**
Changes in current liabilities:		
Accounts payable and accrued expenses	**(5,042,000)**	**(12,329,000)**
Salary and wages, payroll taxes and amounts withheld from employees	**(7,072,000)**	**2,146,000**
Other current liabilities	**4,320,000**	
Due to third party reimbursement agencies	**(226,000)**	**872,000**
	(8,020,000)	**(9,311,000)**
Changes in working capital other than cash and cash equivalents	**$ (75,747,000)**	**$ (62,697,000)**

Attachment A

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
Cost Savings/Synergies 4/1/2017-9/30/2017

LINE	DESCRIPTION	Savings 10/1/2016-3/31/2017 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	
B.	Fringe Benefits (pension)	$3,100
C.	Contractual Labor Fees	
D.	Medical Supplies and Pharmaceutical Cost	$760
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$430
H.	Malpractice Insurance Cost	$1,100
I.	Utilities	
J.	Business Expenses (insurance and IT)	
K.	Other Operating Expense	$400
	Total savings 10/1-3/31	$5,790

Saint Mary's Hospital (hospital only)	Month		Year to Date	
	Sep 2017	Prior Year	Sep 2017	Prior Year
A. Operating Performance				
Operating Margin	2.6%	10.9%	8.7%	10.6%
Non-Operating Margin	0.6%	0.1%	0.4%	0.4%
Total Margin	3.1%	11.0%	9.1%	11.0%
Bad Debt as % of Gross Revenue	1.6%	0.1%	0.8%	0.8%
B. Liquidity				
Current Ratio	1.48	1.80	1.48	1.80
Days Cash on Hand	17	32	17	32
Days in Net Accounts Receivable	42	36	42	36
Average Payment Period	46	56	46	56
C. Leverage and Capital Structure				
Long-term Debt to Equity	0.33	0.00	0.33	0.00
Long-term Debt to Capitalization	0.25	0.00	0.25	0.00
Unrestricted Cash to Debt	0.48	231.74	0.48	231.74
Times Interest Earned Ratio	9.9	1177.1	104.71	159.03
Debt Service Coverage Ratio	31.4	138.1	53.04	125.89
Equity Financing Ratio	3.14	2.62	3.14	2.62
D. Additional Statistics				
Income from Operations	$ 588	$ 2,523	$ 24,324	$ 30,086
Revenue Over/(Under) Expense	$ 721	$ 2,537	$ 25,488	$ 31,138
EBITDA	$ 2,040	$ 3,867	$ 40,897	$ 42,424
Patient Cash Collected	$ 19,564	$ 20,601	$ 258,671	$ 259,506
Cash and Cash Equivalents	$ 12,027	$ 20,572	$ 12,027	$ 20,572
Net Working Capital	$ 8,303	$ 19,097	$ 8,303	$ 19,097
Unrestricted Assets	$ 56,185	$ 62,163	$ 56,185	$ 62,163
Credit Ratings (S&P, FITCH and Moody's)				

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

12 MONTHS ENDED SEPTEMBER 30, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$916,268,000	$978,048,000	$61,780,000	7%
2	Less: Allowances	$593,367,000	$654,455,000	$61,088,000	10%
3	Less: Charity Care	$6,950,000	$9,014,000	$2,064,000	30%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$315,951,000**	**$314,579,000**	**($1,372,000)**	**0%**
5	Provision for Bad Debts	$8,969,000	$9,041,000	$72,000	1%
	Net Patient Service Revenue less provision for bad debts	**$306,982,000**	**$305,538,000**	**($1,444,000)**	**0%**
6	Other Operating Revenue	$10,321,000	$13,807,000	$3,486,000	34%
7	Net Assets Released from Restrictions	$0	$0	$0	0%
	Total Operating Revenue	**$317,303,000**	**$319,345,000**	**$2,042,000**	**1%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$132,586,000	$141,975,000	$9,389,000	7%
2	Fringe Benefits	$33,001,000	$22,785,000	($10,216,000)	-31%
3	Physicians Fees	$18,159,000	$15,701,000	($2,458,000)	-14%
4	Supplies and Drugs	$46,930,000	$48,790,000	$1,860,000	4%
5	Depreciation and Amortization	$12,879,000	$17,455,000	$4,576,000	36%
6	Bad Debts	$0	$0	$0	0%
7	Interest Expense	$218,000	$275,000	$57,000	26%
8	Malpractice Insurance Cost	$2,289,000	$4,415,000	$2,126,000	93%
9	Other Operating Expenses	$62,569,000	$69,004,000	$6,435,000	10%
	Total Operating Expenses	**$308,631,000**	**$320,400,000**	**$11,769,000**	**4%**
	Income/(Loss) From Operations	**$8,672,000**	**($1,055,000)**	**($9,727,000)**	**-112%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$1,361,000	$1,636,000	$275,000	20%
2	Gifts, Contributions and Donations		$0	$0	0%
3	Other Non-Operating Gains/(Losses)	$138,000	$42,000	($96,000)	-70%
	Total Non-Operating Revenue	**$1,499,000**	**$1,678,000**	**$179,000**	**12%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$10,171,000**	**$623,000**	**($9,548,000)**	**-94%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%

SAINT MARY`S HEALTH SYSTEM (Consolidated)

TWELVE MONTHS ACTUAL FILING

12 MONTHS ENDED SEPTEMBER 30, 2017 AND 2016

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2016	FY 2017	AMOUNT	%
LINE	DESCRIPTION	ACTUAL	ACTUAL	DIFFERENCE	DIFFERENCE
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$10,171,000**	**$623,000**	**($9,548,000)**	**-94%**

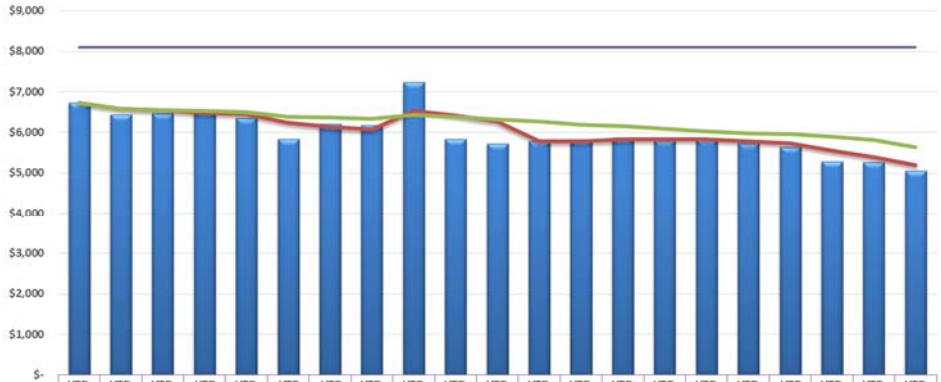
Attachment C

JOHNSON MEMORIAL MEDICAL CENTER, INC.
CONSOLIDATED STATEMENT OF CASH FLOW

	September 30 2017	September 30 2016
Operating activities and non-operating income		
Excess (deficiency) of revenues over expenses	**$ 59,054**	**$ (3,989,078)**
Adjustments to reconcile deficiency of revenues over expenses to net cash provided in operating activities and non-operating activities:		
Depreciation and amortization	**2,449,027**	**2,481,154**
Bad debts	**2,920,770**	**3,183,064**
Increase in pension and other accrued expenses	**73,320**	**801,386**
Other changes in net assets	**69,546**	**96,063**
Change in working capital, other than cash and cash equivalents	**(2,409,392)**	**2,513,860**
Net cash provided by operating activities	**3,162,325**	**5,086,449**
Investing activities		
Purchase of property, plant and equipment, net	**(2,818,652)**	**(1,679,032)**
Decrease in long term investments	**201,240**	**269,872**
(Increase) decrease in other assets	**125,569**	**(798,396)**
Net cash used in investing activities	**(2,491,843)**	**(2,207,556)**
Financing activities		
Principal payments on long-term debt	**(530,290)**	**(819,824)**
Net cash used in financing activities	**(530,290)**	**(819,824)**
Net increase in cash and cash equivalents	**140,192**	**2,059,069**

Attachment B

Johnson Memorial Hospital Cost Analysis
Costs per Case Mix Adjusted Equivalent Discharge (CMAED)



	YTD Jan-16	YTD Feb-16	YTD Mar-16	YTD Apr-16	YTD May-16	YTD Jun-16	YTD Jul-16	YTD Aug-16	YTD Sept-16	YTD Oct-16	YTD Nov-16	YTD Dec-16	YTD Jan-17	YTD Feb-17	YTD Mar-17	YTD Apr-17	YTD May-17	YTD Jun-17	YTD Jul-17	YTD Aug-17	YTD Sep-17
Cost per CMAED	6,726	6,437	6,470	6,529	6,356	5,835	6,204	6,170	7,242	5,840	5,717	5,779	5,825	5,861	5,808	5,815	5,738	5,641	5,272	5,263	5,049
3 month mov average	6,726	6,582	6,545	6,479	6,452	6,240	6,132	6,070	6,539	6,418	6,266	5,779	5,773	5,822	5,831	5,828	5,787	5,731	5,551	5,392	5,195
12 month mov average	6,726	6,582	6,545	6,541	6,504	6,392	6,365	6,341	6,441	6,381	6,321	6,276	6,200	6,152	6,097	6,038	5,986	5,970	5,892	5,817	5,634
Goal	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108	8,108

Per HFM KFI YTD

Attachment A

Johnson Memorial Hospital
Cost Savings/Synergies 4/1/2017-9/30/2017

LINE	DESCRIPTION	Savings 4/1-9/30 (In 000's)
I.	**OPERATING EXPENSE BY CATEGORY**	
A.	Salaries & Wages	$2,140
B.	Fringe Benefits (pension and workers comp)	$428
C.	Contractual Labor Fees	($2,430)
D.	Medical Supplies and Pharmaceutical Cost	$843
E.	Depreciation and Amortization	
F.	Bad Debts	
G.	Interest Expense	$48
H.	Malpractice Insurance Cost	$0
I.	Utilities	
J.	Business Expenses (insurance)	$101
K.	Other Operating Expense	$258
	Total savings 4/1-9/30	$1,388

Attachment B

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

TWELVE MONTHS ACTUAL FILING

FISCAL YEAR 2017

REPORT 150 - HOSPITAL STATEMENT OF OPERATIONS INFORMATION

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2016 ACTUAL	FY 2017 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A.	**Operating Revenue:**				
1	Total Gross Patient Revenue	$2,252,204,496	$2,472,109,000	$219,904,504	10%
2	Less: Allowances	$1,492,769,983	$1,670,729,000	$177,959,017	12%
3	Less: Charity Care	$14,403,000	$20,662,000	$6,259,000	43%
4	Less: Other Deductions	$0	$0	$0	0%
	Total Net Patient Revenue	**$745,031,513**	**$780,718,000**	**$35,686,487**	**5%**
5	Provision for Bad Debts	$14,575,173	$11,262,000	($3,313,173)	-23%
	Net Patient Service Revenue less provision for bad debts	**$730,456,340**	**$769,456,000**	**$38,999,660**	**5%**
6	Other Operating Revenue	$37,241,398	$43,979,000	$6,737,602	18%
7	Net Assets Released from Restrictions	$3,396,800	$3,869,000	$472,200	14%
	Total Operating Revenue	**$771,094,538**	**$817,304,000**	**$46,209,462**	**6%**
B.	**Operating Expenses:**				
1	Salaries and Wages	$257,995,100	$245,787,000	($12,208,100)	-5%
2	Fringe Benefits	$64,720,593	$52,305,000	($12,415,593)	-19%
3	Physicians Fees	$52,216,369	$48,090,000	($4,126,369)	-8%
4	Supplies and Drugs	$113,739,471	$140,126,000	$26,386,529	23%
5	Depreciation and Amortization	$43,829,465	$38,485,000	($5,344,465)	-12%
6	Bad Debts	$0		$0	0%
7	Interest Expense	$8,464,953	$9,206,000	$741,047	9%
8	Malpractice Insurance Cost	$8,752,762	$9,905,000	$1,152,238	13%
9	Other Operating Expenses	$210,971,585	$231,207,000	$20,235,415	10%
	Total Operating Expenses	**$760,690,298**	**$775,111,000**	**$14,420,702**	**2%**
	Income/(Loss) From Operations	**$10,404,240**	**$42,193,000**	**$31,788,760**	**306%**
C.	**Non-Operating Revenue:**				
1	Income from Investments	$6,881,703	$10,954,000	$4,072,297	59%
2	Gifts, Contributions and Donations	$0	$0	$0	0%
3	Other Non-Operating Gains/(Losses)	($4,959,580)	($927,000)	$4,032,580	-81%
	Total Non-Operating Revenue	**$1,922,123**	**$10,027,000**	**$8,104,877**	**422%**
	Excess/(Deficiency) of Revenue Over Expenses (Before Other Adjustments)	**$12,326,363**	**$52,220,000**	**$39,893,637**	**324%**
	Other Adjustments:				
	Unrealized Gains/(Losses)	$0	$0	$0	0%
	All Other Adjustments	$0	$0	$0	0%
	Total Other Adjustments	**$0**	**$0**	**$0**	**0%**
	Excess/(Deficiency) of Revenue Over Expenses	**$12,326,363**	**$52,220,000**	**$39,893,637**	**324%**
	Principal Payments	$0	$0	$0	0%

Type
Row Labels
Expansion/renovations of clinical facilities
1960 St. Franics Hospital& Medical center/Child Advo Access Control
4-2 Enhancements
5-2 CARDIOVASCULAR RENOVATION
6-2 Renovations
8-1, 8-1A ONCOLOGY RENOVATIONS
8-2 RENOVATION
95 WOODLAND-PERI-OP
A/E DESIGN REDERINGS 8-1, 8-1a & 8-2
CATH LAB RENOVATION AND REPLACEMENT
CJRI TWO O.R.s - Should be Closed to Dept# 50020 Per Rob Beeman
CWHC BUILD OUT
Digital Rad/Fluoro Suite
Furniture - Clinical Dept, Patient Family rm furniture update for 7-1/ 7-2
Gengras Dental Facility Renovations
JTO ROOM REPLACEMENTS (10 RMS)
Light Surgical
MAJOR BUILDING RENOVATION (34201)
Modify Fresh tissue lab and break room
MSH-Suisman 1st Fl - Pharmacy compounding Room
OR Floor Renovations - 6 ORs (Ambulatory)
OUTPATIENT CHF CENTER RENOVATIONS
Pharmacy upgrade
Purchase install new compounding pharmacy for Enfield Infusion center
RENOVATE 2107A , AND SUITE 1006 FOR PEDS AND OB
Small renovation of Cancer Center research lab
Waiting Room Chairs
Facility & program improvements for various service lines (e.g., CJRI, Rehab)
Auxiliary Annual Donation
Carepoint Workstations (ED)
DeMayo Knee Positioners
Midex Rex Drills(Spine Surgery
OSI Spine Table
PCS Support - Philanthropy
Radiologist/PACS/Reading Workstations
Replace Subaru Outback 2008 with 210000 miles oil leak
Replacment of the treatment planning system; Pinncle and transition to Raytstation.
Reupholster dad sleeper chairs in Labor & Delivery
Specialty Instruments-Dr. Gupta
Stryker Power Equipment
Stryker Sonopet (Qty 2) Spine and OR
Tables and Chairs
Women's Aux. Cap- May 16
Information Technology

4 laptops with docking stations
Cisco Telephones SFHMC FY2016 - 1842
EMC ARCHIVE TO MIGRATE DATA FROM CAREMEDIC
EMC PROJECT-BUILD AND ARCHIVE SFS DATA TO EMC
EPIC-PHASE 2 (PHASE 1 CIP1253)
Hardware General, IT Refresh
Infrastructure Movement and Replacmement of Data Center
Laptop PC, Oxycon Device,..
Nortel PBX Replacement
PC On wheels-Nursing 4-2
Software-General OB Server
Wi-Fi Equipment
Wireless Access Points-SFH
Workstation, Workstation on wheels

Investment in facilities, medical and non-medical equipment and technology

iViz Ultrasound System
103 WOODLAND DESIGN WORK
204 Manual Exam Table
4 Heat Exchangers-Cancer Center
ACCESS CONTROL SYSTEM-ELEVATOR AND DOOR SWIPES
Artic Sun
Beachchair Positioner
Bed Replacement
Build 4 Workstations in 4302
Building 2 Cooling Tower Repairs
Cardiac monitor units
CardioQuip Heater Cooler
CBO
Cellutome Control Unit
Chicago Stacker/Conveyer
Chiller - Re-Build of Chiller#2/#3
Collins garage parking gates
COLLINS GARAGE REPAIRS
Commercial Vacuum Stand 24"
Compressor Replacement on DAIK
Construction General - Replace OR doors - 1902
CREATE DOORWAY AND PAINT
CVOR Retractor
CWHC SHELL SPACE
Cysto Table
Digital Pathology
Dr. Grey's Office
ED Equipment
ED Equipment-Stretchers
ED Equipment-Ultrasounds
ED Stretchers
Electric Exam Table w/Stirrups

Electric Pallet Truck
Emergency replacement of main breaker on JTO Emergency Generatoir
Enclosure for MSC Loading Dock
Energy Audit-SFHMC, RHHCT, & JMMC
ESU Replacements
EXPAND EXECUTIVE OFFICES
FACILITIES GEN. - RENOV-ELECT.WHOLESALERS FACILITY FOR PARKING
FACILITIES GENERAL - RESTORE MASONRY ON BUILDINGS
FEES Camera
Follett Symphony plus ice and water dispenser
Furniture - Clinical Dept, Waiting Room Furniture L&D
Gem Premier 4000 pH/Blood Gas System
Generator Emergency - Replace the 400KW Building 1 Generator
GENGRAS 5TH FLOOR RENOVATIONS
HVAC - Air-conditioner - HVAC - AHU - Replace S-6 In Lower Penthouse in B-2
HVAC - Air-conditioner - Isolation Rooms Upgrade for PCT
HVAC-6N ADRC ADMIN. HVAC
Improvements and furniture for Suite 2107A
Install door and wall protection at CAPS
Install Second PCT Patient Toilet Grab Bars
KITCHEN ELEVATOR OVERHAUL
Light Exterior - Signage Lighting and Pole for Davita entrance
Lost ultdev01/us.s VAC Ultra T
Medical Equipment General - Foot Sets
Medivator Washers
Miscellaneous General - Trinity Signage
Monitor System - 3-5 Physio Monitor Replacement (16 pt)
Monitor System - Endoscopy - Anesthesiology Physio Monitoring EPIC Connectivity
Monitor System - Radiology Nursing Physio Monitor Replacement
Natus Vision EEG system
O2 blenders for NICU
Olympus Scope
Omni beds
Optimization & Load Demand Management
OR Tables (Skytron)
Other - Genesis Rigid Containers
Pacemaker - Replace Obsolete External Pacemakers
Pain Clinic Monitors
Perfusion Data Management System
Philips EPIQ 7 Echo Machine
Philips Transport Monitors
Plastic Hand Sets
Prevac Sterilizer Upgrade
Purchase Cryo Console
Purchase LifePak
Ready Dock Machine to Disinfect Mobile Devices
Recliners

RENOVATE 1-4 TO INCLUDE BED REPAIR ROOM & EMERGENCY OPEN CNTR
renovate suite 3206A for new compliance office
REPAIR OIL PIPING ON FUEL TANK AT SF CAMPUS
Repair/Replace Steam Traps-MSCMP
Repair/Replace Steam Traps-SFCMP
Replace Broken Ice Machine
REPLACE COLLINS GARAGE RUSTED CONDUITS/WIRING
Replace Dearatoron boiler system
Replace Nurse Call Center (AM2016-015)
REPLACE OBSOLETE PANELS
Replace portable X-Ray Units(2)/Replace X-Ray Rad Room
Replace two rotted and leaking water lines
Replacement - Ice & Water Dispenser
ROOF - REPLACEMENT OF FAILING ROOFS AT NORTH CAMPUS
Roofing-Gengras Building FY2017
SERVICE SWITCHGEARS IN BUILDING 1 AND 95 WOODLAND
Smith & Nephew Beach Chair positioner
SOLAR PANEL INSTALLATION
SPY Intraoperative Laser Angio
Surgery - Large Plastic Sets
System EP Navigation - Bard PRO EP Recording System Upgrade Windows 7
System Fire Detection - Siemens Fire Alarm Panel Replacement - 606
System Vacuum - Replace med gas and vacuum system components
Total Hip General Instrument Sets x 4
Trigger attachment replacement for Linvatech power drill
Trophon Machine
Ultrasound IV Guide Machine
Ultrasound Machine w/Probes
Urology Laser
Urology Scopes (2)
Verathon Glidescope
Vest System
water/ice machines
Window Replacement Project
WINDOWS REPLACEMENT PROGRAM LAST PHASE B5 AND B6-110

Physician acquisitions/ambulatory network development

ASC PROJECT (PLANNING, DESIGN & CONSTRUCTION)
Build out St 205 - 35 Nod Rd Avon
LogiqS8 ultrasound machine
MOB RENOVATIONS
Phone System
SFMG Vernon Suite 200-201
Ultrasound machine/Sports medicine

Reallocation to Johnson Memorial - part of strategic growth of RHM

EPICARE-JOHNSON MEMORIAL MEDICAL CENTER
JMMC KRONOS/FRONTIER IMPLEMENTAION
JMMC PeopleSoft

Saint Mary's Epic Implementation
Saint Mary's-Epic & Labor FY17
Saint Mary's-Hardware FY17
Saint Mary's-Third Party Software FY17
Capital leases associated with Epic and other
Asset Adjustments
RECLASS
Grand Total

(Multiple Items)
Sum of Amount
2,744,912
5,990
13,797
15,909
74,147
(115,528)
1,010,293
320
274
464,916
35,127
30,410
183,642
9,824
(6,783)
(229,286)
2,482
304,442
142,340
-
54,082
14,841
2,200
561,658
73,155
93,389
3,270
3,075,449
983,929
6,652
11,870
80,957
103,776
79,673
663
23,657
464,125
2,555
361
962,422
301,625
4,749
48,435
2,565,492

6,508
60,588
197,873
(34,318)
172,286
1,170,494
661,965
7,732
33,969
6,506
172,125
4,167
58,319
47,278
7,152,038
13,676
4,175
2,565
222,365
10,735
4,496
8,619
880,902
24,100
9,900
14,234
211,177
47,869
8,500
14,100
77,919
(4,910)
(47,515)
6,000
3,942
1,020
11,705
4,965
256
50,328
(15,338)
16,988
17,358
109,475
118,142
(2,213)
1,311

12,433
25,325
69,411
617,382
500
(143,687)
124,006
22,859
7,005
16,525
8,744
10,640
233,746
1,205
140,433
40,504
75,341
24,780
69,444
3,053
(118)
7,250
8,000
(270)
115,301
26,520
(180,322)
(188,950)
(305,081)
151,067
3,808
7,780
(28,816)
66,686
133
262
(15,922)
(35,403)
(9,326)
131,043
14,851
(6,461)
4,509
100,000
19,056
3,104
313,038

6,298
19,065
(13,306)
6,342
69,719
4,470
133,629
508,753
334,675
1,137
1,236,315
93,530
3,925
348,793
50,383
5,203
5,760
(1,382)
175,000
5,186
52,000
96,000
73,561
46,165
3,085
-
66,308
52,030
48,500
32,208
40,103
7,500
3,941
5,834
243,075
1,029,339
110,542
17,190
-
392,486
7,733
459,964
41,424
844,662
15,739
412,756
416,167

29,249,149
20,269,815
4,821,428
4,157,906
9,113,990
1,298,154
7,815,836
55,775,030

DESCRIPTION	DEPT	QUAN	CLASS	TYPE
ARCHITECTUAL/MEP	7980	1	BLDG IMP	NONMEDICAL
ECG MACHINES MAC5500	7800	1	MOVEABLE	MEDICAL
20 BEDSIDE MOMITORS, 29 BASE & ANTENNAS	6140	40	MOVEABLE	MEDICAL
PRINTER, 260 CONNEX 3D	8320	1	MOVEABLE	NONMEDICAL
VERIGENIE READER INSTRUMENT	7361	1	MOVEABLE	MEDICAL
ELECTRONIC MOP & 2 BATTERIES	8100	1	MOVEABLE	NONMEDICAL
ADDITIONAL STORAGE FOR CAMERAS	8350	1	MOVEABLE	NONMEDICAL
CAMERA	8350	19	MOVEABLE	NONMEDICAL
STERIS 3023	7850	1	MOVEABLE	MEDICAL
LAB TURNAROUND OUTLIER	7361	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
IMAGE 1 VARIABLE HEIGHT	7010	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
IMAGE 1 S H 3-Z	7010	1	MOVEABLE	MEDICAL
ULTRASOUND 101912 EPIQ 5G	7290	1	MOVEABLE	MEDICAL
VSD OPTICVIEW MICROPANEL	8300	1	MOVEABLE	NONMEDICAL
VSD OPTICVIEW MICROPANEL	8300	1	MOVEABLE	NONMEDICAL
APPLICATION & CERTIFICATE	8300	1	FIXED	NONMEDICAL
APPLICATION & CERTIFICATE	7980	1	FIXED	NONMEDICAL
VISION ELECTRIC	7980	1	FIXED	NONMEDICAL
UNBNDLD 2 NODE GEN 4LP	7280	1	MOVEABLE	NONMEDICAL
DOUBLE SPINDLE LIGHTS OR5	7010	1	MOVEABLE	NONMEDICAL
DOUBLE SPINDLE LIGHTS OR5	7010	1	MOVEABLE	NONMEDICAL
GAS CHARBOILER	8000	1	MOVEABLE	NONMEDICAL
GAS CHARBOILER	8000	1	MOVEABLE	NONMEDICAL
FIRE PROTECTION PROJECT	8300	1	MOVEABLE	NONMEDICAL
EXHAUST FAN GARBAGE AREA	8300	1	MOVEABLE	NONMEDICAL
FIRE ALARM PANEL	8300	1	MOVEABLE	NONMEDICAL
SCOPE & MONITOR	7800	2	MOVEABLE	MEDICAL
APPLICATION & CERTIFICATE	7980	1	FIXED	NONMEDICAL
CHESHIRE PJT - CART	7700	1	MOVEABLE	MEDICAL
CHESHIRE PJT -TELEPHONE SYSTEM	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - MED EQUIPMENT	7700	1	MOVEABLE	MEDICAL
CHESHIRE PJT - MED EQUIPMENT	7700	1	MOVEABLE	MEDICAL
CHESHIRE PJT - COMPUTER	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - FIBER INSTALL	7700	1	FIXED	NONMEDICAL
CHESHIRE PJT - SIGNS	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - ARCHITECTURE	7700	1	BLDG IMP	NONMEDICAL
CHESHIRE PJT - COMPUTER	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - CABINETS	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - ARCHITECTURE	7700	1	BLDG IMP	NONMEDICAL
CHESHIRE PJT - CONSTRUCTION	7700	1	BLDG IMP	NONMEDICAL

CHESHIRE PJT - XRAY TESTING	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - COMPUTER	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - EQUIPMENT	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - MASCOT	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - CHAIRS	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - MED EQUIPMENT	7700	1	MOVEABLE	MEDICAL
CHESHIRE PJT - WORKSTATION	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - MED EQUIPMENT	7700	1	MOVEABLE	MEDICAL
CHESHIRE PJT - FEE	7700	1	MOVEABLE	NONMEDICAL
CHESHIRE PJT - FURNITURE	7700	1	MOVEABLE	NONMEDICAL
CATH LAB PJT - EQUIPMENT	7460	1	MOVEABLE	MEDICAL
CATH LAB PJT - CONSTRUCTION	7460	1	BLDG IMP	NONMEDICAL
CATH LAB PJT - ARCHITECTURE	7460	1	BLDG IMP	NONMEDICAL
CATH LAB PJT - EQUIPMENT	7460	1	MOVEABLE	MEDICAL
CHESHIRE PJT -ANALYZER	7700	1	MOVEABLE	MEDICAL
ENDOSCOPE 0 DEG, 8 MM	7010	1	MOVEABLE	MEDICAL
LIGHT HANDLE CAMERA COVER	7010	1	MOVEABLE	MEDICAL
LIGHT HANDLE CAMERA COVER	7010	1	MOVEABLE	MEDICAL
POSITIONER DEMAYO 30" BASE	7010	2	MOVEABLE	MEDICAL
SURGICAL EQUIPMENT	7850	1	MOVEABLE	MEDICAL
SURGICAL EQUIPMENT	7850	1	MOVEABLE	MEDICAL
SURGICAL EQUIPMENT	7850	1	MOVEABLE	MEDICAL
CART W ACCESSORIES	7570	10	MOVEABLE	MEDICAL
CART W ACCESSORIES	7570	10	MOVEABLE	MEDICAL
CART W ACCESSORIES	7570	10	MOVEABLE	MEDICAL
SHIMADZU MOBILE	7850	1	MOVEABLE	MEDICAL
SCOPE INTUBATION FLEX	7220	1	MOVEABLE	MEDICAL
HOPKINS II TELESCOPE	7010	4	MOVEABLE	MEDICAL
HOPKINS II TELESCOPE	7010		MOVEABLE	MEDICAL
TIE IN VULCAN SECURITY SYSTEM	8350	1	FIXED	NONMEDICAL
TENNANT/NOBLES T2 SCRUBBER	8100	1	MOVEABLE	NONMEDICAL
EXHAUST FAN OUTSIDE GARABE AREA	8300	1	MOVEABLE	NONMEDICAL
HYSTERSCOPE	7850	1	MOVEABLE	MEDICAL
HYSTERSCOPE	7850	1	MOVEABLE	MEDICAL
AVALON FM50 FETAL MONITOR	7070	14	MOVEABLE	MEDICAL
AVALON FM50 FETAL MONITOR	7070	14	MOVEABLE	MEDICAL
SCOPE INTUBATION FLEX VIDEO	7220	1	MOVEABLE	MEDICAL
FIRE PREVENTION PROJECT	8300	1	MOVEABLE	NONMEDICAL
ACUSON SC2000 ULTRASOUND SYSTEM	7440	1	MOVEABLE	MEDICAL
WORKSTATION	7540	1	MOVEABLE	NONMEDICAL
DEFIBRILATORS R SERIES	8320	2	MOVEABLE	MEDICAL
FIRE PREVENTION PJT SM COMPUTER RM	8300	1	MOVEABLE	NONMEDICAL
ROOF	8300	1	BLDG IMP	NONMEDICAL
ROOF - CENTRAL PLANT	8300	1	BLDG IMP	NONMEDICAL
ROOF - CENTRAL PLANT	8300	1	BLDG IMP	NONMEDICAL
ROOF	8300	1	BLDG IMP	NONMEDICAL
ROOF	8300	1	BLDG IMP	NONMEDICAL

REMOVE & INSTALL TRANSDUCER	8300	1	MOVEABLE	NONMEDICAL
REMOVE & INSTALL TRANSDUCER	8300	1	MOVEABLE	NONMEDICAL
REMOVE & INSTALL TRANSDUCER	8300	1	MOVEABLE	NONMEDICAL
MOTOROLA SL7550E RADIO	8350	20	MOVEABLE	NONMEDICAL
MOTOROLA SL7550E RADIO	8350	20	MOVEABLE	NONMEDICAL
APPLICATION AND CERTIFICATE	7980	1	FIXED	NONMEDICAL
WOUNDCARE RENOVATION	7550		BLDG IMP	NONMEDICAL
WOUNDCARE RENOVATION	7550		BLDG IMP	NONMEDICAL
PROFESSIONAL DESIGN	8300	0	MOVEABLE	NONMEDICAL
HEMATOLOGY ANALYZER XN SERIES	7361	1	MOVEABLE	MEDICAL
NEXUS SECURE TRANS MNGMT STATION	7361	1	MOVEABLE	NONMEDICAL
SERVING COUNTER & REGISTER STAND	8000	1	MOVEABLE	NONMEDICAL
CSI SYSTEMS UPGRADE	8300	1	MOVEABLE	NONMEDICAL
END OF LIFE PACS COMPUTERS	7280	1	MOVEABLE	MEDICAL
ROOF - CENTRAL PLANT	8300	1	BLDG IMP	NONMEDICAL
CHAIRS W/ ARMS	7280	12	MOVEABLE	NONMEDICAL
RENOVATIONS BLOOD DRAW	**7904**	**1**	**BLDG IMP**	**NONMEDICAL**
MICROSCOPE LENS & ACCESSORIES	7360	1	MOVEABLE	MEDICAL
MULTI DRIVE FRAME W/ HERCULES	6500	24	MOVEABLE	MEDICAL
MULTI DRIVE FRAME W/ HERCULES	6500	24	MOVEABLE	MEDICAL
DESIGNER JET PRINTER T2530	8300	1	MOVEABLE	NONMEDICAL
RECLINERS	3150	6	MOVEABLE	NONMEDICAL
RECLINERS	6200	4	MOVEABLE	NONMEDICAL
RECLINERS	3130	5	MOVEABLE	NONMEDICAL
RECLINERS	3320	3	MOVEABLE	NONMEDICAL
RECLINERS	3500	4	MOVEABLE	NONMEDICAL
RECLINERS	3140	2	MOVEABLE	NONMEDICAL
SPECTRUM IV PUMPS	8320	1	MOVEABLE	MEDICAL
SPECTRUM IV PUMPS	8320	1	MOVEABLE	MEDICAL
FLOORING/INSTALL	8300	1	FIXED	NONMEDICAL
STEAM GENERATOR	7850	1	MOVEABLE	NONMEDICAL
ONCOLOGY PRJT - TELEPHONE SYSTEM	7936	1	MOVEABLE	NONMEDICAL
ONCOLOGY PRJT - PHARMACY FILTERS	7936	1	MOVEABLE	NONMEDICAL
ONCOLOGY PRJT - COMPUTERS	7936	1	MOVEABLE	NONMEDICAL
ONCOLOGY PRJT - CONSTRUCTION	7936	1	BLDG IMP	NONMEDICAL
ONCOLOGY PRJT - ELECTRICAL	7936	1	BLDG IMP	NONMEDICAL
ONCOLOGY PRJT - CABINET	7936	1	MOVEABLE	NONMEDICAL
ONCOLOGY PRJT - DATA LINES	7936	1	FIXED	NONMEDICAL
ONCOLOGY PRJT - CONSTRUCTION	7936	1	BLDG IMP	NONMEDICAL
ONCOLOGY PRJT - ARCHITECTURE	7936	1	BLDG IMP	NONMEDICAL
ONCOLOGY PRJT - FURNITURE	7936	1	MOVEABLE	NONMEDICAL
WOUNDCARE PRJT - WALLS	7550	1	BLDG IMP	NONMEDICAL
WOUNDCARE PRJT - TV	7550	1	MOVEABLE	NONMEDICAL
RENOVATION - WATERTOWN BLOOD	**7904**	**1**	**BLDG IMP**	**NONMEDICAL**
RENOVATION - WOLCOTT UC	**7361**	**1**	**BLDG IMP**	**NONMEDICAL**
DATA LINES	7981	1	FIXED	NONMEDICAL
DATA LINES	7981	1	FIXED	NONMEDICAL

DATA LINES	7980	1	FIXED	NONMEDICAL
EXHAUST FAN - ANNEX CHILLER	8300	1	MOVEABLE	NONMEDICAL
TRANSDUCER/ MONITORS	7070	1	MOVEABLE	MEDICAL
CSI UPGRADE	8300	1	MOVEABLE	NONMEDICAL
OR INSTRUMENTS	7010	1	MOVEABLE	MEDICAL
RENoVATION WEST MAIN CARD	7901	1	BLDG IMP	NONMEDICAL
1981 E MAIN TENANTS WORK PAYOUT	7905	1	BLDG IMP	NONMEDICAL
MRI PRJT - BLDG IMP	7340	1	BLDG IMP	NONMEDICAL
MRI PRJT - FIXED	7340	1	FIXED	NONMEDICAL
MRI PRJT - LAND IMP	7340	1	LAND IMP	NONMEDICAL
MRI PRJT - MOVEABLE	7340	1	MOVEABLE	MEDICAL
ULTRASOUND 101912 EPIQ 5G	7290	1	MOVEABLE	MEDICAL
PARKING GARAGE DRAIN WORK	8300	1	BLDG IMP	NONMEDICAL
PARKING GARAGE DRAIN WORK	8300	1	BLDG IMP	NONMEDICAL
SIDEWALK AND WALL REPAIR	8300	1	BLDG IMP	NONMEDICAL
REPAIRS TO COLE STREET PARKING GARAGE	8300	1	BLDG IMP	NONMEDICAL
APPL AND CERT FOR PYMT FOR WEST MAIN CARDIO RENO\	8300	1	BLDG IMP	NONMEDICAL
ANALYE EMER POWER FOR GENERATOR ENG	8300	1	BUILD IMP	NONMEDICAL
PROF SRVS FOR ONCOLOGY PROJ LEEVER CTR PH 1 & 2 OF	7936	1	BUILD IMP	NONMEDICAL
REMOVE & INSTALL TRANSDUCER	8300	1	BUILD IMP	NONMEDICAL
AIR HANDLER REPLACEMT-NAUG UCC & PT	8300	1	FIXED	NONMEDICAL
AIR HANDLER REPLACEMT-NAUG UCC & PT	8300	1	FIXED	NONMEDICAL
SECURITY SYSTEM FOR ALL PATIENT AREAS	8350	1	FIXED	NONMEDICAL
SINK 120" TRIPLE BAY CLEANUP FIXED HT W/INSTALL	7570	1	FIXED	NONMEDICAL
ALPHA 7 SURGICAL ULTRASOUND SCANNER	7010	1	MOVEABLE	MEDICAL
BESIDE MONITOR SH3	6140	1	MOVEABLE	MEDICAL
FORCEPOINT V10K	9080	1	MOVEABLE	NONMEDICAL
TEST CARDINAL SERUM/URINE HCG RAPID	7905	1	MOVEABLE	MEDICAL
TRAINING MTRL-GUNSHOT WOUND BICEP W/SHIPPING	7800	1	MOVEABLE	MEDICAL
TRAINING MTRL-LEG AMPUTATION	7800	1	MOVEABLE	MEDICAL
TRAINING MTRL-GSW TO LEG	7800	1	MOVEABLE	MEDICAL
TACTICAL TRAINING MATERIALS	7800	1	MOVEABLE	MEDICAL
TABLE OVERBED ART CARE OAK AND BRIO BEDSIDE CABINI	8100	24	MOVEABLE	NONMEDICAL
SPEEDCHCK SOFTWARE & TOUCHSCREEN TERM FOR CASH	5800	1	MOVEABLE	NONMEDICAL
MICROSCOPE FRAME BX43F W/CLOTH ANTISTATIC DUSTCO	7360	1	MOVEABLE	MEDICAL
ROTATABLE NOSEPIECE U-RE 2.5 POS	7360	1	MOVEABLE	MEDICAL
BINOC OBSERV TUBE U-B130-2-2	7360	1	MOVEABLE	MEDICAL
RT HAND MECH STAGE RACKLESS, LONG W/LEFT RELEASE	7360	1	MOVEABLE	MEDICAL
VIDEO URETERO-RENOSCOPE FLEX-XC	7010	1	MOVEABLE	MEDICAL
8 FT OVAL CONF TABLE, NESTING SIDE CHAIRS, DESK & BLA	8300	1	MOVEABLE	NONMEDICAL
INSIGHT FD MINI C-ARM	7010	1	MOVEABLE	MEDICAL
VITRE EXTEND BASIC PACKAGE	7280	1	MOVEABLE	MEDICAL
SHIMADZU MOBILE MX7C W/SINGLE PANEL	7850	1	MOVEABLE	MEDICAL
SLEEP CHAIR	7070	10	MOVEABLE	NONMEDICAL
LABOR AND MTLS TO INSTALL WALL HUNG P SERIES MITSU	8300	1	FIXED	NON-MEDICAL
DISHWASHER-HOBART	8000	1	FIXED	NON-MEDICAL
HOSPITAL DOOR RELEASE	8300	1	FIXED	NON-MEDICAL

LABOR FOR CLEANING AREA & FURNITURE WATER DAMAGE	8300	1	FIXED	NON-MEDICAL
LAB & MAT 3801 E MAIN ST COUNTERTOP RT TO SINK	8300	1	FIXED	NON-MEDICAL
LAB & MAT INSTALL SECURITY SYSTEM ALL PT AREAS	8300	1	FIXED	NON-MEDICAL
LEEVER CT RENOVATIONS PHASE 2	8300	1	FIXED	NON-MEDICAL
GENERAL CONDITIONS, DRYWALL, FLOORING, ETC KITCHEN	8300	1	FIXED	NON-MEDICAL
LABOR MATERIALS EQUIPMENT CHAPLIN AREA	9180	1	FIXED	NON-MEDICAL
LABOR MATERIALS EQUIPMENT SECURITY PROJECT	8300	1	FIXED	NON-MEDICAL
FREIGHT IV PUMPS	8320	1	MOVEABLE	MEDICAL
PRIME BLADDER SCANNER W/ CART	7800	2	MOVEABLE	MEDICAL
LIGHT HANDLE CAMERA COVER	7010	1	MOVEABLE	MEDICAL
OVERBEDTABLE MAPLE	6500	24	MOVEABLE	NON-MEDICAL
HYDRASLIM SINGLEPORT SYSTEM	7800	2	MOVEABLE	MEDICAL
SMALL BLOOD POWER	7800	1	MOVEABLE	MEDICAL
AVALON FETAL MONITORS	7070	15	MOVEABLE	MEDICAL
REPROCESSOR ENDOSCOPE	7850	3	MOVEABLE	MEDICAL
COLONSCOPE W/DUAL FOCUS	7850	2	MOVEABLE	MEDICAL
VITRE EXTENDS BASIC	7280	1	MOVEABLE	MEDICAL
ADULT WATER RESCUE MANAKIN	7800	1	MOVEABLE	MEDICAL
FLS ALL IN ONE TRAINER SYSTEM	7881	1	MOVEABLE	MEDICAL
NEXUS SECURE TRANSACTION MGMT	7361	1	MOVEABLE	MEDICAL
VIDEO URETERO RENOSCOPE	7010	1	MOVEABLE	MEDICAL
PAVEMENT MARKING GARGAGE/ER-VALET-LOTS	8300	1	LAND IMP	NON-MEDICAL
MRI PROJECT #15-002 BLDG IMPR	7340	1	BLDG IMPR	NON-MEDICAL
E. MAIN PROJ #17-003 LEASEHOLD IMP	7905	1	BLDG IMPR	NON-MEDICAL
EPIC PROJ. BLDG IMPR	9080	1	BLDG IMPR	NON-MEDICAL
APPL& CERT. FOR LEEVER CLEAN RM	8300	1	FIXED	NON-MEDICAL
LABOR/MATERIAL HR-PAYROLL RENOVATIONS	8300	1	FIXED	NON-MEDICAL
E. MAIN PROJ #17-003 FIXED EQUIP.	7905	1	FIXED	NON-MEDICAL
EPIC PROJ. CAPITAL LABOR	9080	1	FIXED	NON-MEDICAL
TRANMISSION FOR HOSP TRUCK	7809	1	AUTO	NON-MEDICAL
OVERBED TABLE	6500	1	MOVEABLE	NON-MEDICAL
VIDEO URETERO RENOSCOPE	7010	1	MOVEABLE	MEDICAL
REMOVE/INSTALL STERILIZER/BOILER	7835	1	MOVEABLE	MEDICAL
INST. INTERFACE VAI SQ INST MGMT	7936	1	MOVEABLE	MEDICAL
TELESCOPE HOPKINS 11 0	7010	1	MOVEABLE	MEDICAL
NETWORK UPGRADES PROCESSBY TRINITY	9080	1	MOVEABLE	NON-MEDICAL
MRI PROJ #15-002 FURNITURE/OFFICE EQUIPMENT	7340	1	MOVEABLE	NON-MEDICAL
E. MAIN PROJ #17-003 COMPUTERS	7905	1	MOVEABLE	NON-MEDICAL
E. MAIN PROJ $17-003 FURNITURE/OFFICE EQUIP	7905	1	MOVEABLE	NON-MEDICAL
EPIC PROJ. COMPUTER EQUIP	9080	1	MOVEABLE	NON-MEDICAL
EPIC PROJ FURNITURE/OFFICE EQUIP	9080	1	MOVEABLE	NON-MEDICAL

Regular Additions
CIP Additions
TOTAL

ACQ DATE	ENTRY PER	LOCATION	AMT	VENDOR	PO
4/30/2017	07/2017	SLEEP LAB	970.00	MOSER	1709807
4/30/2017	07/2017	EMER	11,369.82	GE - 17858	1709089
4/30/2017	07/2017	TELEMETRY	578,971.45	PHILIPS - 18801	1706061
4/30/2017	07/2017	CLINICAL ENG	24,730.00	STRATASYS	1709090
4/30/2017	07/2017	MICRO LAB	55,000.00	NANOSPHERE	1709971
4/30/2017	07/2017	ENVIRON	4,850.00	MEDLINE	1710344
4/30/2017	07/2017	SECURITY	15,800.00	STERLING	1707442
4/30/2017	07/2017	SECURITY	29,077.00	STERLING	1705797
4/30/2017	07/2017	NVSC	12,211.30	MEDIQUIP	1710192
4/30/2017	07/2017	LAB	3,305.00	SUNQUEST	1705251
4/30/2017	07/2017	OR	378,845.27	KARL STORZ	1709660
4/30/2017	07/2017	OR	4,425.00	KARL STORZ	1709660
4/30/2017	07/2017	OR	31,050.00	KARL STORZ	1709660
4/30/2017	07/2017	OR	10,350.00	KARL STORZ	1709660
4/30/2017	07/2017	OR	(931.50)	KARL STORZ	1709660
4/30/2017	07/2017	OR	(11,646.61)	KARL STORZ	1709660
4/30/2017	07/2017	OR	27,929.02	KARL STORZ	1709660
4/30/2017	07/2017	OR	(132.75)	KARL STORZ	1709660
4/30/2017	07/2017	ULTRASOUND	120,261.30	PHILIPS - 18801	1706888
4/30/2017	07/2017	PLANT	91,390.00	JOHNSON CONTROLS	1706358
4/30/2017	07/2017	PLANT	(71,307.00)	JOHNSON CONTROLS	1706358
4/30/2017	07/2017	PLANT	88,098.61	O and G	1709019
4/30/2017	07/2017	SLEEP LAB	62,369.98	O and G	1709021
4/30/2017	07/2017	SLEEP LAB	9,172.00	O and G	1709173
4/30/2017	07/2017	RAD	24,245.90	CDW	1707678
4/30/2017	07/2017	OR	13,419.87	STERIS	1710054
4/30/2017	07/2017	OR	(3,022.97)	STERIS	1710054
4/30/2017	07/2017	FOOD	7,226.34	PERFORMANCE INT	1705599
4/30/2017	07/2017	FOOD	(29.81)	PERFORMANCE INT	1705599
4/30/2017	07/2017	PLANT	80,757.00	NEWMACK	1618556
4/30/2017	07/2017	PLANT	2,099.00	GOOD HILL	1710034
4/30/2017	07/2017	PLANT	1,820.00	CPE ELECTRIC	1705421
4/30/2017	07/2017	ED	4,590.88	TRI ANIM	1711247
4/30/2017	07/2017	SLEEP LAB	28,108.98	O and G	1709023
5/31/2017	08/2017	CHESHIRE UC	5,740.00	ARMSTRONG	1618392
5/31/2017	08/2017	CHESHIRE UC	234,166.26	ATRION NETWRKING	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	391.00	BURLINGTON MED	1614339
5/31/2017	08/2017	CHESHIRE UC	5,046.52	CARDINAL	1614845
5/31/2017	08/2017	CHESHIRE UC	1,952.10	CDW	16130.5
5/31/2017	08/2017	CHESHIRE UC	750.00	CHIMENET	NA
5/31/2017	08/2017	CHESHIRE UC	12,615.00	CONNECTICUT SIGNCRA	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	83,427.03	CROSSKEY	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	42,450.55	DELL MARKETING	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	14,300.00	DISPLAY WRIGHT	1708807
5/31/2017	08/2017	CHESHIRE UC	36,700.75	FLETCHER THOMPSON	NA
5/31/2017	08/2017	CHESHIRE UC	1,253,371.76	FORTUNATO CONSTRUC	VARIOS

5/31/2017	08/2017	CHESHIRE UC	1,200.00	GJ RANDALL MS	NA
5/31/2017	08/2017	CHESHIRE UC	13,162.85	GOV CONNECTION	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	344.32	GRAINGER	1618393
5/31/2017	08/2017	CHESHIRE UC	5,304.00	LANDMARK	NA
5/31/2017	08/2017	CHESHIRE UC	1,457.00	MARKETLAB	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	25,507.91	MCKESSON	1614881
5/31/2017	08/2017	CHESHIRE UC	20,004.02	MERGE HEALTHCARE	1614354
5/31/2017	08/2017	CHESHIRE UC	103,492.00	PARKER- XRAY	VARIOUS
5/31/2017	08/2017	CHESHIRE UC	575.00	STATE OF CT	NA
5/31/2017	08/2017	CHESHIRE UC	30,235.82	WB MASON	VARIOUS
5/31/2017	08/2017	CATH LAB	14,376.53	CAROUSEL IND	1611912
5/31/2017	08/2017	CATH LAB	74,399.26	O AND G	VARIOUS
5/31/2017	08/2017	CATH LAB	24,835.39	MOSER PILON	VARIOUS
5/31/2017	08/2017	CATH LAB	577,188.00	SIEMENS	1609980
5/31/2017	08/2017	CHESHIRE UC	15,888.00	ABBOT LAB	1615143
5/31/2017	08/2017	SURGERY	9,000.00	INTUITIVE SURGICAL	1711486
5/31/2017	08/2017	OR	295.92	STERIS	1707248
5/31/2017	08/2017	OR	(174.59)	STERIS	1707248
5/31/2017	08/2017	OR	12,040.00	INNOVATION	1711440
5/31/2017	8/2017	NVSC	7,590.00	ARTHREX	1711438
5/31/2017	8/2017	NVSC	37,216.00	ARTHREX	1711438
5/31/2017	8/2017	NVSC	1,130.00	ARTHREX	1711438
12/31/2016	03/2017	CENTRAL STER	24,771.80	CARDINAL	1704227
12/31/2016	03/2017	CENTRAL STER	(42,284.30)	CARDINAL HEALTH	1704227
12/31/2016	03/2017	CENTRAL STER	18,685.30	CARDINAL	1704227
5/31/2017	08/2017	NVSC	14,300.00	MEDICAL IMAGING	1711740
5/31/2017	08/2017	ANES	6,840.00	KARL STORZ	1711770
5/31/2017	08/2017	SURGERY	29,564.20	KARL STORZ	1711630
5/31/2017	08/2017	SURGERY	(837.90)	KARL STORZ	1711630
5/31/2017	8/2017	SECURITY	14,960.00	TPC	1711728
5/31/2017	08/2017	ENVIRONMENTAL	4,116.87	GRAINGER	1710338
5/31/2017	08/2017	PLANT	2,099.00	GOOD HILL	1710034
5/31/2017	08/2017	NVSC	35,678.00	HOLOGIC	1711431
5/31/2017	08/2017	NVSC	(11,064.79)	HOLOGIC	1711431
5/31/2017	08/2017	LABOR AND DELIVERY	66,891.40	PHILIPS 18801	1707758
5/31/2017	08/2017	LABOR AND DELIVERY	138,284.10	PHILIPS 18801	1707758
5/31/2017	08/2017	ANES	6,840.00	KARL STORZ	1712318
5/31/2017	08/2017	PLANT	63,563.00	NEWMACK	1619956
5/31/2017	08/2017	ELETRO CARDO	216,872.00	SIEMENS 20981	1710047
5/31/2017	08/2017	CCU	5,106.00	DRAEGER	1614693
5/31/2017	08/2017	CLINICL	28,853.00	ZOLL	1707444
5/31/2017	08/2017	PLANT	24,567.00	NEWMACK	1619957
5/31/2017	08/2017	PLANT	16,000.00	HERITAGE	1711844
5/31/2017	08/2017	PLANT	44,950.00	HERITAGE	1702785
5/31/2017	08/2017	PLANT	(13,485.00)	HERITAGE	1702785
5/31/2017	08/2017	PLANT	14,000.00	HERITAGE	1711838
5/31/2017	08/2017	PLANT	(2,800.00)	HERITAGE	1711838

5/31/2017	08/2017	PLANT	(33,710.47)	JOHNSON CONTROL	1706358
5/31/2017	08/2017	PLANT	33,710.47	JOHNSON CONTROL	1706358
5/31/2017	08/2017	PLANT	23,969.06	JOHNSON CONTROL	1706358
5/31/2017	08/207	SECURITY	22,834.20	NORTHEASTERN COMM	1705583
5/31/2017	08/207	SECURITY	1,105.00	NORTHEASTERN COMM	1705583
4/30/2017	07/2017	SLEEP LAB	14,043.49	O AND G	1711475
5/31/2017	08/2017	PLANT	49,750.00	O AND G	1705373
5/31/2017	08/2017	PLANT	10,985.00	O AND G	1705373
12/31/2016	03/2017	PLANT	(1,400.00)	MILONE	1620105
6/30/2017	09/2017	LAB	147,918.00	SYSMEX AMER	1710210
6/30/2017	09/2017	LAB	179,499.25	TRANSLOGIC CORP	1705886
6/30/2017	09/2017	FOOD	14,674.81	WAREHOUSE STORE FIX	1710049
6/30/2017	09/2017	PLANT	49,700.00	SIEMENS IND	1711346
6/30/2017	09/2017	RAD	107,297.99	MERGE HEALTHCARE	1711779
6/30/2017	09/2017	PLANT	13,485.00	HERITAGE	1702785
6/30/2017	09/2017	RAD	5,062.56	WB MASON	1709423
6/30/2017	**09/2017**	**WOLCOTT UC**	**38,215.40**	**CLASSIC BLDRS**	**1714251**
6/30/2017	09/2017	MICRO LAB	3,015.61	OLYMPUS 16331	1714056
6/30/2017	09/2017	CCU	662,028.76	LINET AMERICAS	1711273
6/30/2017	09/2017	CCU	(3,840.00)	LINET AMERICAS	1711273
6/30/2017	09/2017	PLANT	9,150.00	WB MASON	1714384
6/30/2017	09/2017	OB4	9,799.92	WB MASON	1710438
6/30/2017	09/2017	OB7	6,205.64	WB MASON	1710438
6/30/2017	09/2017	SH5	7,762.05	WB MASON	1710438
6/30/2017	09/2017	X3	4,654.23	WB MASON	1710438
6/30/2017	09/2017	CCU	6,201.64	WB MASON	1710438
6/30/2017	09/2017	TELE	3,101.70	WB MASON	1710438
6/30/2017	09/2017	CLINICAL	3,750.00	BAXTER	1713941
6/30/2017	09/2017	CLINICAL	92,500.00	BAXTER	1713941
6/30/2017	09/2017	PLANT	16,459.34	WB MASON	1608995BL
6/30/2017	09/2017	NVSC	12,211.30	MEDIQUIP	1710192
6/30/2017	09/2017	ONCOLOGY	52,227.60	ATRION NETWORKING	1617300
6/30/2017	09/2017	ONCOLOGY	4,730.00	BUCKLEY	1702117
6/30/2017	09/2017	ONCOLOGY	44,282.41	CDW COMPUTERS	1703192/01
6/30/2017	09/2017	ONCOLOGY	2,300.00	ENGINEERED	NA
6/30/2017	09/2017	ONCOLOGY	36,415.00	GOOD HILL	1611146
6/30/2017	09/2017	ONCOLOGY	24,972.00	LM AIR TECH	1610246
6/30/2017	09/2017	ONCOLOGY	19,615.79	MID-STATE TELEDATA	1702426
6/30/2017	09/2017	ONCOLOGY	987,316.63	STANDARD BUILDERS	VARIOUS
6/30/2017	09/2017	ONCOLOGY	134,841.11	TECTON ARCH	VARIOUS
6/30/2017	09/2017	ONCOLOGY	77,485.60	WB MASON	1616845
6/30/2017	09/2017	WOUNDCARE	6,273.90	INPRO CORPORATION	1706596
6/30/2017	09/2017	WOUNDCARE	850.25	TELEHEALTH	1710200
6/30/2017	**09/2017**	**WATERTOWN BLOOD**	**18,092.90**	**CLASSIC BLDRS**	**1714251**
6/30/2017	**09/2017**	**WOLCOTT UC**	**20,122.50**	**CLASSIC BLDRS**	**1714251**
6/30/2017	09/2017	SLEEP WOLCOTT	1,360.00	MID-STATE TELEDATA	1707588
6/30/2017	09/2017	SLEEP WOLCOTT	625.00	MID-STATE TELEDATA	1707588

6/30/2017	09/2017		SLEEP WTBY	615.00	MID-STATE TELEDATA	1707588
6/30/2017	09/2017		PLANT	41,077.00	SARRACCO	1713007
6/30/2017	09/2017		WIC	3,154.04	PHILIPS - 18801	1707758
6/30/2017	09/2017		PLANT	52,800.00	SIEMENS IND	1711346
6/30/2017	09/2017		OR	20,394.00	SOLOS END	1712323
6/30/2017	09/2017		CARDIO	98,752.50	BISMARCK	1715305
6/30/2017	09/2017		EAST MAIN	704,062.18	YAMIN & GRANT LLC	NA
6/30/2017	09/2017		MRI	4,796,329.63	VARIOUS	VARIOUS
6/30/2017	09/2017		MRI	33,066.00	MID-STATE TELEDATA	1701701
6/30/2017	09/2017		MRI	23,765.50	ALL LAWN CARE	VARIOUS
6/30/2017	09/2017		MRI	764,167.16	TELEHEALTH	VARIOUS
4/30/2017	07/2017		ULTRASOUND	(112,861.30)	PHILIPS - 18801	1706888
42947		10	PLANT	7,200.00	JOHN'S ASPHALT	1713175
42947		10	PLANT	16,300.00	JOHN'S ASPHALT	1713265
42947		10	PLANT	69,500.00	JOHN'S ASPHALT	1715631
42947		10	PLANT	34,759.00	BISMARCK	1713189
42947		10	PLANT	115,955.00	BISMARCK	1715627
42947		10	PLANT	118,850.00	SODEXHO	1715617
42947		10	ONCOLOGY	2,793.86	TECTON ARCHITECTS	1611961
42947		10	PLANT	13,627.47	JOHNSON CONTROL	1706358
42947		10	PLANT	14,250.00	GOODHILL	1715038
42947		10	PLANT	14,250.00	GOODHILL	1715038
42947		10	SECURITY	229,927.14	VULCAN SECURITY	1711726
42947		10	CENTRAL STERILE	15,357.85	STERIS	1711433
42947		10	SURG UNIT	151,922.75	HITACHI	1716221
42947		10	TELEMETRY	(5,391.88)	PHILIPS	1706061
42947		10	IT	17,091.00	K LOGIC	1715123
42947		10	EAST MAIN-UCC	23.19	CARDINAL	1715563
42947		10	EMER RM	1,697.00	TECHLINE	1714730
42947		10	EMER RM	888.25	TECHLINE	1714730
42947		10	EMER RM	516.38	TECHLINE	1714730
42947		10	EMER RM	6,444.67	NORTH AMERICAN	1714870
42947		10	ENVIROMENT	18,011.52	HILL ROM	1710342
42947		10	CAFÉ	5,819.85	NCR OF NEW ENGLAND	1710053
42947		10	LAB	1,172.76	OLYMPUS AMER	1714056
42947		10	LAB	347.13	OLYMPUS AMER	1714056
42947		10	LAB	834.33	OLYMPUS AMER	1714056
42947		10	LAB	476.76	OLYMPUS AMER	1714056
42947		10	SURG UNIT	3,952.55	KARL STORZ	1714095
42947		10	PLANT	4,131.00	HUDSON VALLEY OFFCIE FU	1715616
42947		10	SURG UNIT	69,500.00	HOLOGIC	1715256
42947		10	RADIOLOGY	72,155.20	TOSHIBA	1709559
42947		10	NVSC	128,700.00	MEDICAL IMAGING	1711740
42947		10	LABOR & DELIVERY	14,892.60	WB MASON	1711397
08/31/2017		11	FACILITIES	9,676.00	SARRACCO	1714588
08/31/2017		11	CAFÉ	74,568.74	SODEXCO	1706461
08/31/2017		11	FACILITIES	15,609.00	SIMPLEX	1711729

08/31/2017	11	FACILITIES	750.00	CHAMPION	1717634
08/31/2017	11	FACILITIES	1,015.00	CHAMPION	1716633
08/31/2017	11	FACILITIES	11,346.82	VULCAN	1711726
08/31/2017	11	FACILITIES	167.50	TECTON	1611923
08/31/2017	11	FACILITIES	47,226.00	O AND G	1714580
08/31/2017	11	CHAPLIN	49,114.89	O AND G	1714083
08/31/2017	11	FACILITIES	12,609.90	O AND G	1715220
08/31/2017	11	CLINCIAL ENG	96.00	BAXTER	1713941
08/31/2017	11	EMER DEPT	22,000.00	VERATHON	1715989
08/31/2017	11	SURG UNIT	121.33	STERIS	1716725
08/31/2017	11	CCU	11,709.60	LINET AM	1714323
08/31/2017	11	EMER DEPT	5,951.41	TECHLINE	1714730
08/31/2017	11	EMER DEPT	114.00	TECHLINE	1714730
08/31/2017	11	WIC	8,219.00	PHILLIPS	1707758
08/31/2017	11	NVSC	90,632.07	OLYMPUS	1714665
08/31/2017	11	NVSC	173,915.14	OLYMPUS	1714662
08/31/2017	11	RADIOLOGY	18,038.80	TOSHBIA	1709559
08/31/2017	11	EMER DEPT	639.00	ALLIED 100	1714734
08/31/2017	11	SURG REG	13,263.52	LIMBS & THINGS	1716127
08/31/2017	11	LAB SENT OUT	30,355.25	TRANSLOGIC	1705886
08/31/2017	11	SURG UNIT	9,994.95	KARL STORZ	1718078
09/30/2017	12	PLANT	7,250.00	ARROW LINE PAINTING	1713176
09/30/2017	12	MRI	140,254.87	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	E MAIN CTR	2,413,153.43	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	IT	794,393.95	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	PLANT	39,347.74	STANDARD BUILDING	1718598
09/30/2017	12	PLANT	24,640.00	CHAMPION	1715306
09/30/2017	12	E MAIN CTR	126,685.32	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	IT	11,659,632.71	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	STOREROOM	2,750.00	BLASIUS	N/A
09/30/2017	11	PLANT	(597.60)	LINET	1714323
08/31/2017	11	SURG UNIT	(5,054.85)	KARL STORZ	1718078
09/30/2017	12	NVSC	10,950.00	DESCO	1716033
09/30/2017	12	BOWEN	7,875.00	SUNQUEST	1712255
09/30/2017	12	SURG UNIT	12,084.00	KARL STORZ	1711630
09/30/2017	12	IT	886,766.10	TRINITY	N/A
09/30/2017	12	MRI	52,359.64	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	E MAIN CTR	16,217.50	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	E MAIN CTR	175,317.45	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	IT	13,844,831.76	VARIOUS-SEE NOTES	SEE NOTES
09/30/2017	12	IT	63,613.15	VARIOUS-SEE NOTES	SEE NOTES

$ 46,400,352.98
$ (9,841,443.79)
$ 36,558,909.19

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120	Sep-17

Explanation

1 new ARCHITECTUAL/MEP
1 new ECG MACHINES MAC5500
40 new 20 BEDSIDE MOMITORS, 29 BASE & ANTENNAS
1 new PRINTER, 260 CONNEX 3D
1 new VERIGENIE READER INSTRUMENT
1 new ELECTRONIC MOP & 2 BATTERIES
1 new ADDITIONAL STORAGE FOR CAMERAS
19 new CAMERA
1 new STERIS 3023
1 new LAB TURNAROUND OUTLIER
1 new IMAGE 1 S H 3-Z
1 new IMAGE 1 VARIABLE HEIGHT
1 new IMAGE 1 S H 3-Z
1 new IMAGE 1 S H 3-Z
1 new IMAGE 1 S H 3-Z
1 new IMAGE 1 S H 3-Z
1 new IMAGE 1 S H 3-Z
1 new IMAGE 1 S H 3-Z
1 new ULTRASOUND 101912 EPIQ 5G
1 new VSD OPTICVIEW MICROPANEL
1 new VSD OPTICVIEW MICROPANEL
1 new APPLICATION & CERTIFICATE
1 new APPLICATION & CERTIFICATE
1 new VISION ELECTRIC
1 new UNBNDLD 2 NODE GEN 4LP
1 new DOUBLE SPINDLE LIGHTS OR5
1 new DOUBLE SPINDLE LIGHTS OR5
1 new GAS CHARBOILER
1 new GAS CHARBOILER
1 new FIRE PROTECTION PROJECT
1 new EXHAUST FAN GARBAGE AREA
1 new FIRE ALARM PANEL
2 new SCOPE & MONITOR
1 new APPLICATION & CERTIFICATE
1 new CHESHIRE PJT - CART
1 new CHESHIRE PJT -TELEPHONE SYSTEM
1 new CHESHIRE PJT - MED EQUIPMENT
1 new CHESHIRE PJT - MED EQUIPMENT
1 new CHESHIRE PJT - COMPUTER
1 new CHESHIRE PJT - FIBER INSTALL
1 new CHESHIRE PJT - SIGNS
1 new CHESHIRE PJT - ARCHITECTURE
1 new CHESHIRE PJT - COMPUTER
1 new CHESHIRE PJT - CABINETS
1 new CHESHIRE PJT - ARCHITECTURE
1 new CHESHIRE PJT - CONSTRUCTION

1 new CHESHIRE PJT - XRAY TESTING
1 new CHESHIRE PJT - COMPUTER
1 new CHESHIRE PJT - EQUIPMENT
1 new CHESHIRE PJT - MASCOT
1 new CHESHIRE PJT - CHAIRS
1 new CHESHIRE PJT - MED EQUIPMENT
1 new CHESHIRE PJT - WORKSTATION
1 new CHESHIRE PJT - MED EQUIPMENT
1 new CHESHIRE PJT - FEE
1 new CHESHIRE PJT - FURNITURE
1 new CATH LAB PJT - EQUIPMENT
1 new CATH LAB PJT - CONSTRUCTION
1 new CATH LAB PJT - ARCHITECTURE
1 new CATH LAB PJT - EQUIPMENT
1 new CHESHIRE PJT -ANALYZER
1 new ENDOSCOPE 0 DEG, 8 MM
1 new LIGHT HANDLE CAMERA COVER
1 new LIGHT HANDLE CAMERA COVER
2 new POSITIONER DEMAYO 30" BASE
1 new SURGICAL EQUIPMENT
1 new SURGICAL EQUIPMENT
1 new SURGICAL EQUIPMENT
10 new CART W ACCESSORIES
10 new CART W ACCESSORIES
10 new CART W ACCESSORIES
1 new SHIMADZU MOBILE
1 new SCOPE INTUBATION FLEX
4 new HOPKINS II TELESCOPE
new HOPKINS II TELESCOPE
1 new TIE IN VULCAN SECURITY SYSTEM
1 new TENNANT/NOBLES T2 SCRUBBER
1 new EXHAUST FAN OUTSIDE GARABE AREA
1 new HYSTERSCOPE
1 new HYSTERSCOPE
14 new AVALON FM50 FETAL MONITOR
14 new AVALON FM50 FETAL MONITOR
1 new SCOPE INTUBATION FLEX VIDEO
1 new FIRE PREVENTION PROJECT
1 new ACUSON SC2000 ULTRASOUND SYSTEM
1 new WORKSTATION
2 new DEFIBRILATORS R SERIES
1 new FIRE PREVENTION PJT SM COMPUTER RM
1 new ROOF
1 new ROOF - CENTRAL PLANT
1 new ROOF - CENTRAL PLANT
1 new ROOF
1 new ROOF

1 new REMOVE & INSTALL TRANSDUCER
1 new REMOVE & INSTALL TRANSDUCER
1 new REMOVE & INSTALL TRANSDUCER
20 new MOTOROLA SL7550E RADIO
20 new MOTOROLA SL7550E RADIO
1 new APPLICATION AND CERTIFICATE
new WOUNDCARE RENOVATION
new WOUNDCARE RENOVATION
0 new PROFESSIONAL DESIGN
1 new HEMATOLOGY ANALYZER XN SERIES
1 new NEXUS SECURE TRANS MNGMT STATION
1 new SERVING COUNTER & REGISTER STAND
1 new CSI SYSTEMS UPGRADE
1 new END OF LIFE PACS COMPUTERS
1 new ROOF - CENTRAL PLANT
12 new CHAIRS W/ ARMS
1 new RENOVATIONS BLOOD DRAW
1 new MICROSCOPE LENS & ACCESSORIES
24 new MULTI DRIVE FRAME W/ HERCULES
24 new MULTI DRIVE FRAME W/ HERCULES
1 new DESIGNER JET PRINTER T2530
6 new RECLINERS
4 new RECLINERS
5 new RECLINERS
3 new RECLINERS
4 new RECLINERS
2 new RECLINERS
1 new SPECTRUM IV PUMPS
1 new SPECTRUM IV PUMPS
1 new FLOORING/INSTALL
1 new STEAM GENERATOR
1 new ONCOLOGY PRJT - TELEPHONE SYSTEM
1 new ONCOLOGY PRJT - PHARMACY FILTERS
1 new ONCOLOGY PRJT - COMPUTERS
1 new ONCOLOGY PRJT - CONSTRUCTION
1 new ONCOLOGY PRJT - ELECTRICAL
1 new ONCOLOGY PRJT - CABINET
1 new ONCOLOGY PRJT - DATA LINES
1 new ONCOLOGY PRJT - CONSTRUCTION
1 new ONCOLOGY PRJT - ARCHITECTURE
1 new ONCOLOGY PRJT - FURNITURE
1 new WOUNDCARE PRJT - WALLS
1 new WOUNDCARE PRJT - TV
1 new RENOVATION - WATERTOWN BLOOD
1 new RENOVATION - WOLCOTT UC
1 new DATA LINES
1 new DATA LINES

1 new DATA LINES
1 new EXHAUST FAN - ANNEX CHILLER
1 new TRANSDUCER/ MONITORS
1 new CSI UPGRADE
1 new OR INSTRUMENTS
1 new RENoVATION WEST MAIN CARD
1 new 1981 E MAIN TENANTS WORK PAYOUT
1 new MRI PRJT - BLDG IMP
1 new MRI PRJT - FIXED
1 new MRI PRJT - LAND IMP
1 new MRI PRJT - MOVEABLE
1 new ULTRASOUND 101912 EPIQ 5G
1 new PARKING GARAGE DRAIN WORK
1 new PARKING GARAGE DRAIN WORK
1 new SIDEWALK AND WALL REPAIR
1 new REPAIRS TO COLE STREET PARKING GARAGE
1 new APPL AND CERT FOR PYMT FOR WEST MAIN CARDIO RENOV
1 new ANALYE EMER POWER FOR GENERATOR ENG
1 new PROF SRVS FOR ONCOLOGY PROJ LEEVER CTR PH 1 & 2 OPM
1 new REMOVE & INSTALL TRANSDUCER
1 new AIR HANDLER REPLACEMT-NAUG UCC & PT
1 new AIR HANDLER REPLACEMT-NAUG UCC & PT
1 new SECURITY SYSTEM FOR ALL PATIENT AREAS
1 new SINK 120" TRIPLE BAY CLEANUP FIXED HT W/INSTALL
1 new ALPHA 7 SURGICAL ULTRASOUND SCANNER
1 new BESIDE MONITOR SH3
1 new FORCEPOINT V10K
1 new TEST CARDINAL SERUM/URINE HCG RAPID
1 new TRAINING MTRL-GUNSHOT WOUND BICEP W/SHIPPING
1 new TRAINING MTRL-LEG AMPUTATION
1 new TRAINING MTRL-GSW TO LEG
1 new TACTICAL TRAINING MATERIALS
24 new TABLE OVERBED ART CARE OAK AND BRIO BEDSIDE CABINETS
1 new SPEEDCHCK SOFTWARE & TOUCHSCREEN TERM FOR CASH REGISTERS
1 new MICROSCOPE FRAME BX43F W/CLOTH ANTISTATIC DUSTCOVER & POWERCORD
1 new ROTATABLE NOSEPIECE U-RE 2.5 POS
1 new BINOC OBSERV TUBE U-B130-2-2
1 new RT HAND MECH STAGE RACKLESS, LONG W/LEFT RELEASE HOLDER
1 new VIDEO URETERO-RENOSCOPE FLEX-XC
1 new 8 FT OVAL CONF TABLE, NESTING SIDE CHAIRS, DESK & BLACK MESH CONF CHAIRS
1 new INSIGHT FD MINI C-ARM
1 new VITRE EXTEND BASIC PACKAGE
1 new SHIMADZU MOBILE MX7C W/SINGLE PANEL
10 new SLEEP CHAIR
1 new LABOR AND MTLS TO INSTALL WALL HUNG P SERIES MITSUBISHI COOLING FOR 8TH FL IT CLOSET
1 new DISHWASHER-HOBART
1 new HOSPITAL DOOR RELEASE

1 new LABOR FOR CLEANING AREA & FURNITURE WATER DAMAGE
1 new LAB & MAT 3801 E MAIN ST COUNTERTOP RT TO SINK
1 new LAB & MAT INSTALL SECURITY SYSTEM ALL PT AREAS
1 new LEEVER CT RENOVATIONS PHASE 2
1 new GENERAL CONDITIONS, DRYWALL, FLOORING, ETC KITCHEN
1 new LABOR MATERIALS EQUIPMENT CHAPLIN AREA
1 new LABOR MATERIALS EQUIPMENT SECURITY PROJECT
1 new FREIGHT IV PUMPS
2 new PRIME BLADDER SCANNER W/ CART
1 new LIGHT HANDLE CAMERA COVER
24 new OVERBEDTABLE MAPLE
2 new HYDRASLIM SINGLEPORT SYSTEM
1 new SMALL BLOOD POWER
15 new AVALON FETAL MONITORS
3 new REPROCESSOR ENDOSCOPE
2 new COLONSCOPE W/DUAL FOCUS
1 new VITRE EXTENDS BASIC
1 new ADULT WATER RESCUE MANAKIN
1 new FLS ALL IN ONE TRAINER SYSTEM
1 new NEXUS SECURE TRANSACTION MGMT
1 new VIDEO URETERO RENOSCOPE
1 new PAVEMENT MARKING GARGAGE/ER-VALET-LOTS
1 new MRI PROJECT #15-002 BLDG IMPR
1 new E. MAIN PROJ #17-003 LEASEHOLD IMP
1 new EPIC PROJ. BLDG IMPR
1 new APPL& CERT. FOR LEEVER CLEAN RM
1 new LABOR/MATERIAL HR-PAYROLL RENOVATIONS
1 new E. MAIN PROJ #17-003 FIXED EQUIP.
1 new EPIC PROJ. CAPITAL LABOR
1 new TRANMISSION FOR HOSP TRUCK
1 new OVERBED TABLE
1 new VIDEO URETERO RENOSCOPE
1 new REMOVE/INSTALL STERILIZER/BOILER
1 new INST. INTERFACE VAI SQ INST MGMT
1 new TELESCOPE HOPKINS 11 0
1 new NETWORK UPGRADES PROCESSBY TRINITY
1 new MRI PROJ #15-002 FURNITURE/OFFICE EQUIPMENT
1 new E. MAIN PROJ #17-003 COMPUTERS
1 new E. MAIN PROJ $17-003 FURNITURE/OFFICE EQUIP
1 new EPIC PROJ. COMPUTER EQUIP
1 new EPIC PROJ FURNITURE/OFFICE EQUIP

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