

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization: **ST. MARY'S HOSPITAL, INC.** Employer identification number: **06-0646844**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			93,747.		93,747.	.04
b Medicaid (from Worksheet 3, column a)			62,978,643.	51,642,221.	11,336,422.	5.12
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63,072,390.	51,642,221.	11,430,169.	5.16
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		14818	277,269.		277,269.	.13
f Health professions education (from Worksheet 5)		592	17,380,618.	14,844,848.	2,535,770.	1.15
g Subsidized health services (from Worksheet 6)			24,246,612.	21,040,124.	3,206,488.	1.45
h Research (from Worksheet 7)			110,871.		110,871.	.05
i Cash and in-kind contributions for community benefit (from Worksheet 8)		21304	78,505.		78,505.	.04
j Total Other Benefits		36714	42,093,875.	35,884,972.	6,208,903.	2.82
k Total . Add lines 7d and 7j.		36714	105,166,265.	87,527,193.	17,639,072.	7.98

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2012

JSA 2E1284 1.000

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			202.		202.	
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			158,600.		158,600.	
9 Other						
10 Total			158,802.		158,802.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	87,487,367.
6 Enter Medicare allowable costs of care relating to payments on line 5	81,253,800.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	6,233,567.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 H.L. CANCER CTR	OUTPATIENT CANCER TREATMENT	50.00000		
2 HEART CTR OF GW	CARDIAC SERVICES MSO	50.00000		
3 SM INDEMNITY GROUP	INSURANCE COMPANY	100.00000		
4 FRANKLIN MEDICAL	PRIMARY CARE PHYSICIAN PRACT			100.00000
5 DIAGNOSTIC IMAGING	OUTPATIENT IMAGING CENTER	60.00000		
6 NAUGATUCK VALLEY MRI	MAGNETIC IMAGING	48.00000		52.00000
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

1 SAINT MARY'S HOSPITAL INCORPORATED
56 FRANKLIN STREET
WATERBURY CT 06706

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X		X			X			
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Financial Assistance Policy SAINT MARY'S HOSPITAL INCORPORATED		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11	Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input checked="" type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) SAINT MARY'S HOSPITAL INCORPORATED

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?
If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

	Yes	No
19	X	

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

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

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

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

If "Yes," explain in Part VI.

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

If "Yes," explain in Part VI.

22		X
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Part V Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 NAUGATUCK VALLEY SURGICAL CENTER 160 ROBBINS STREET, SUITE 1 WATERBURY CT 06708	SURGICAL CENTER
2 THE HAROLD LEEVER CANCER CENTER 1075 CHASE PARKWAY WATERBURY CT 06708	CANCER CENTER
3 SAINT MARY'S MEDICAL IMAGING CENTER 475 CHASE PARKWAY WATERBURY CT 06708	MRI SERVICES
4 SLEEP DISORDER CENTER 1312 WEST MAIN STREET WATERBURY CT 06708	SLEEP CARE
5 OCCUPATION HEALTH & DIAG. CENTER 146 HIGHLAND AVENUE WATERBURY CT 06708	OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, PHYSICAL THERAPY
6 HEART CENTER OF GREATER WATERBURY 1075 CHASE PARKWAY WATERBURY CT 06708	CARDIAC CARE
7 ST. MARY'S HOSP. URGENT CARE - NAUGATUCK 799 NEW HAVEN ROAD NAUGATUCK CT 06770	LAB, RADIOLOGY, URGENT CARE
8 ST. MARY'S HOSP. URGENT CARE - WOLCOTT 503 WOLCOTT ROAD WOLCOTT CT 06716	LAB, RADIOLOGY, URGENT CARE
9 	
10 	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

COMMUNITY BENEFIT REPORT

PART I, LINE 6A

SAINT MARY'S HOSPITAL COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT

("CHNA") DURING THE YEAR. THE CHNA IS ACCESSIBLE BY CLICKING "ABOUT US" AND "HEALTH NEEDS ASSESSMENT BUTTON" ON THE SAINT MARY'S WEBSITE AT WWW.STMH.ORG.

PART I, LINE 7A

MANY PATIENTS WITHOUT INSURANCE DO NOT COMPLETE THE APPLICATION FOR CHARITY CARE. THE HOSPITAL, UPON PERFORMING AN ASSET VERIFICATION, MAKES A DETERMINATION WHETHER THE PATIENT WOULD HAVE QUALIFIED FOR THE CHARITY CARE. DURING 2012, THE COSTS ASSOCIATED WITH THE CHARGES FOREGONE RELATED TO THESE PATIENTS WERE APPROXIMATELY \$1,340,000. DURING 2013, A SYSTEM CONVERSION LIMITED THE HOSPITAL'S ABILITY TO UNDERTAKE AN ASSET VERIFICATION. AS SUCH, THESE COSTS ARE CLASSIFIED IN THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS. THE HOSPITAL BELIEVES THAT HAD IT PERFORMED THE ASSET VERIFICATIONS, COSTS ASSOCIATED WITH THESE PATIENTS WOULD HAVE BEEN

Part VI Supplemental Information

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

FAIRLY CONSISTENT WITH THE PRIOR YEAR.

PERCENT OF TOTAL EXPENSE

PART I, LINE 7, COLUMN F

THE PERCENT OF TOTAL EXPENSE IN PART 1, LINE 7, COLUMN (F) IS CALCULATED BY DIVIDING COLUMN (E), NET COMMUNITY BENEFIT EXPENSE, BY TOTAL EXPENSE.

THE BAD DEBT EXPENSE OF \$12,069,248 WAS SUBTRACTED FROM THE TOTAL EXPENSE VALUE USED TO CALCULATE THE PERCENTAGES IN PART 1, LINE 7, COLUMN (F).

PART I, LINE 7

FOR PART 1, LINE 7 SECTIONS (A) CHARITY CARE AT COST, (B) UNREIMBURSED MEDICAID, (C) UNREIMBURSED COSTS-OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COSTING METHODOLOGY USED WAS THE COST-TO-CHARGE RATIO USING THE INCOME STATEMENT METHOD. THE COST-TO-CHARGE RATIO WAS DERIVED FROM THE YEAR-END GENERAL LEDGER, CALCULATED BY DIVIDING GROSS EXPENSE (LESS BAD DEBT) MINUS OTHER OPERATING REVENUE BY GROSS PATIENT CHARGES AND APPLIED BY CHARGE LINE APPROPRIATELY.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SECTIONS (E) COMMUNITY HEALTH IMPROVEMENT; PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, (G) SUBSIDIZED HEALTH SERVICES, (H) RESEARCH, AND (I) CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ARE COMPRISED (EXCEPT FOR CASH DONATIONS AND IN-KIND MATERIAL DONATIONS) OF 1) SUPPLY EXPENSES; 2) PURCHASED SERVICES; 3) TUITION WAIVERS; AND 4) THE DIRECT SALARY COSTS FOR STAFF COMPENSATED BY THE HOSPITAL AND SPENT TIME PARTICIPATING IN ACTIVITIES THAT QUALIFY AS COMMUNITY BENEFITS.

THE INTERN, RESIDENT AND FELLOW PORTION OF SECTION (F) HEALTH PROFESSIONS EDUCATION ALSO INCLUDES THE SALARIES, FRINGE BENEFITS AND OTHER EXPENSES OF THE RESIDENCY PROGRAM DERIVED FROM THE GENERAL LEDGER. INDIRECT COSTS WERE ALSO APPLIED. THE COST ACCOUNTING METHODOLOGY WAS USED TO DETERMINE NET COMMUNITY BENEFIT EXPENSE FOR (G) SUBSIDIZED HEALTH SERVICES, WHICH INCLUDE IP AND OP PSYCHIATRY SERVICE LINES, EMERGENCY ROOM, SERIES/RECURRING, OBSTETRICS AND OBSERVATION CASES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

BAD DEBT EXPENSE

PART III, LINE 4

THE FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE FOR BAD DEBT EXPENSE BUT BELOW IS THE FOOTNOTE FOR THE ALLOWANCE FOR BAD DEBTS.

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES. BECAUSE THE HOSPITAL DOES NOT ANTICIPATE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE. THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY ARRANGEMENTS. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED. THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS.

PART III, SECTION A: BAD DEBT EXPENSE

THE HOSPITAL USED A COST TO CHARGE RATIO TO CALCULATE THE AMOUNTS RECORDED IN LINES 2 AND 3. WE REASONABLY ESTIMATED THE AMOUNT OF BAD DEBTS THAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, IF THE PATIENTS WOULD HAVE APPLIED OR PROVIDED SUFFICIENT INFORMATION. WE DID NOT INCLUDE THIS AMOUNT IN THE COMMUNITY BENEFIT.

EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

PART III, LINE 8

THERE IS NO SHORTFALL REPORTED IN LINE 7, THEREFORE, WE DID NOT INCLUDE IN COMMUNITY BENEFIT. WE UTILIZED THE COST TO CHARGE RATIO TO ESTIMATE THE MEDICARE ALLOWABLE COSTS OF CARE.

Part VI Supplemental Information

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COLLECTION PRACTICES FOR QUALIFIED PATIENTS

PART III, LINE 9B

A PATIENT MAY REQUEST CHARITY CARE AT ANY TIME IN THE BILLING AND COLLECTION PROCESS. IF THE HOSPITAL, ITS COLLECTION AGENT, OR ITS ATTORNEY BECOMES AWARE THAT THE PATIENT OR GUARANTOR REQUESTS CHARITY CARE, THE COLLECTION PROCESS WILL BE PROMPTLY DISCONTINUED WHILE THE ELIGIBILITY STATUS OF THE PATIENT OR GUARANTOR REQUESTING ASSISTANCE IS DETERMINED. WHENEVER IT IS DETERMINED THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE FINANCIAL COUNSELOR WILL ADJUST THE BALANCE BY THE APPROPRIATE AMOUNT, AND ANY RESULTING BALANCE WILL BECOME THE PATIENT'S RESPONSIBILITY.

NEEDS ASSESSMENT

PART VI, LINE 2

SAINT MARY'S HAS AN ANNUAL STRATEGIC PLANNING PROCESS THAT IDENTIFIES UNMET COMMUNITY NEEDS WHILE DEPLOYING STRATEGIES TO ADDRESS THESE UNMET

Part VI Supplemental Information

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COMMUNITY NEEDS AND IMPROVE OUR OVERALL COMMUNITY BENEFIT. SAINT MARY'S ALSO WORKS CLOSELY WITH MANY LOCAL CHARITABLE COMMUNITY SERVICE ORGANIZATIONS TO BOTH IDENTIFY AND ADDRESS COMMUNITY NEEDS.

SAINT MARY'S HOSPITAL (SMH) INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN DESIGNED TO MEET THE LONG-STANDING NEEDS OF INDIVIDUALS LIVING IN THE SERVICE AREA. TO IDENTIFY NEED, SMH HAS RELIED ON EXISTING LOCAL AND REGIONAL NEEDS ASSESSMENTS INCLUDING: UNITED WAY OF GREATER WATERBURY'S COMMUNITY STATUS REPORT (2012); UNITED WAY'S TEN-YEAR PLAN TO END HOMELESSNESS (2013); THE CENTERS FOR DISEASE CONTROL AND PREVENTION BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2013); CONNECTICUT DEPARTMENT OF PUBLIC HEALTH STATE HEALTH ASSESSMENT (2013); AND THE CONNECTICUT HEALTH CARE SURVEY (2013) BY THE CONNECTICUT HEALTH FOUNDATION.

IN ADDITION, THE HOSPITAL USES CONNECTICUT HOSPITAL ASSOCIATION (CHA) ONLINE TOOLS WHICH INCLUDE THE CHIME DECISION SUPPORT TOOL AND CHIME MAPS TO UNDERSTAND SERVICE AREA NEEDS. THE HOSPITAL USES THE CENSUS BUREAU

Part VI Supplemental Information

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DATABASES AS WELL AS DEMOGRAPHIC REPORTS AVAILABLE THROUGH CLARITAS

DATABASES.

BETWEEN 2012 AND 2013, SAINT MARY'S CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). SAINT MARY'S REACHED OUT TO LOCAL ORGANIZATIONS AND FORMED THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (THE PARTNERSHIP). THE PARTNERSHIP INCLUDES LOCAL NON-PROFIT ORGANIZATIONS (SAINT MARY'S HOSPITAL, WATERBURY HOSPITALS, THE WATERBURY DEPARTMENT OF HEALTH, UNITED WAY OF GREATER WATERBURY, STAYWELL HEALTH CENTER, AND THE CONNECTICUT COMMUNITY FOUNDATION). PARTNERSHIP MEMBERS EACH CONTRIBUTED FINANCIAL RESOURCES TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT.

DATA COLLECTION AND RESEARCH

SAINT MARY'S CONTRACTED WITH HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM LOCATED IN LANCASTER, PENNSYLVANIA, TO CONDUCT RESEARCH IN SUPPORT OF THE CHNA. THE CHNA INCLUDED BOTH QUALITATIVE AND QUANTITATIVE DATA COLLECTION METHODS. QUALITATIVE DATA WERE COLLECTED

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THROUGH BOTH A KEY INFORMANT ONLINE SURVEY AND SIX FOCUS GROUPS. TWO HUNDRED FIVE COMMUNITY LEADERS, PARTNERS AND HEALTH CARE PROVIDERS PARTICIPATED IN THE ONLINE KEY INFORMANT SURVEY. TWO FOCUS GROUPS WITH HEALTHCARE PROVIDERS WERE HELD AT EACH OF THE HOSPITALS; 24 HEALTH CARE PROVIDERS PARTICIPATED. FOUR FOCUS GROUPS WERE HELD AT NEIGHBORHOOD ASSOCIATIONS IN WATERBURY; 33 LOCAL RESIDENTS PARTICIPATED.

QUANTITATIVE DATA WERE COLLECTED THROUGH A STATISTICAL HOUSEHOLD TELEPHONE SURVEY OF 1,100 PEOPLE IN THE SAINT MARY'S SERVICE AREA. THE STATISTICAL HOUSEHOLD SURVEY WAS BASED ON THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). THE SURVEY ASSESSED INDICATORS SUCH AS GENERAL HEALTH STATUS, PREVENTION ACTIVITIES (SCREENINGS, ETC.) AND RISK BEHAVIORS (ALCOHOL USE, ETC.). THE RESULTS WERE EXAMINED BY A VARIETY OF DEMOGRAPHIC INDICATORS INCLUDING AGE AND GENDER. SPECIAL ATTENTION WAS GIVEN TO IDENTIFYING THE NEEDS OF UNDERSERVED INDIVIDUALS, INCLUDING LOW-INCOME, MINORITY, AND CHRONIC CONDITION POPULATIONS IN THE SAINT

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MARY'S SERVICE AREA. IN ADDITION TO THE HOUSEHOLD SURVEY, SECONDARY DATA WERE ALSO ANALYZED AS PART OF THE CHNA.

PRIORITIZATION

ON JUNE 18, 2013, THE PARTNERSHIP HELD A PRIORITIZATION SESSION THAT INCLUDED 40 INDIVIDUALS REPRESENTING LOCAL HEALTH AND HUMAN SERVICE AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS AND PUBLIC HEALTH REPRESENTATIVES. THE OBJECTIVES OF THE PRIORITIZATION SESSION WERE TO REVIEW THE RECENTLY COMPILED COMMUNITY HEALTH DATA AND HIGHLIGHT KEY RESEARCH FINDINGS; TO GATHER FEEDBACK FROM THE COMMUNITY REPRESENTATIVES; AND TO PRIORITIZE THE COMMUNITY HEALTH NEEDS BASED ON SELECTED CRITERIA.

ATTENDEES VOTED ON THE TOP FOUR PRIORITY AREAS. THE SELECTED PRIORITIES ARE (1) ACCESS TO CARE; (2) MENTAL HEALTH AND SUBSTANCE ABUSE; (3) CHRONIC DISEASES - OBESITY, DIABETES, HEART DISEASE AND ASTHMA; AND (4) SMOKING.

Part VI Supplemental Information

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IMPLEMENTATION STRATEGY

SAINT MARY'S HOSPITAL DEVELOPED AN IMPLEMENTATION STRATEGY TO ILLUSTRATE SPECIFIC PROGRAMS AND RESOURCES THAT SUPPORT THESE IDENTIFIED COMMUNITY HEALTH PRIORITIES. THE IMPLEMENTATION STRATEGY WAS ADOPTED BY THE SAINT MARY'S BOARD OF DIRECTORS ON SEPTEMBER 12, 2013. THE IMPLEMENTATION STRATEGY IS ATTACHED TO THIS FILING. THE CHNA SUMMARY REPORT AND IMPLEMENTATION STRATEGY ARE ALSO AVAILABLE ON THE HOSPITAL'S WEBSITE (WWW.STMH.ORG).

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

THERE ARE BROCHURES AND SIGNAGE IN FOUR LANGUAGES INDICATING THAT FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFIED PATIENTS AND THEIR FAMILIES. SIGNAGE IS LOCATED IN REGISTRATION, EMERGENCY DEPARTMENT, ALL

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SOCIAL SERVICES DEPARTMENTS, CASHIER'S OFFICE, PATIENT FINANCIAL SERVICES

AND THE LOBBY. THE SIGNAGE EXPLAINS THE POLICY AND HOW TO APPLY. IN

ADDITION, FINANCIAL COUNSELORS ARE AVAILABLE TO MEET WITH INDIVIDUAL

PATIENTS TO ASSIST DURING THE PROCESS.

ALL FAMILIES OF ELIGIBLE CHILDREN, REGARDLESS OF INCOME, RECEIVE CARE

COORDINATION SERVICES IN PARTNERSHIP WITH THEIR CHILD'S MEDICAL HOME

UNDER THE SAINT MARY'S PROGRAM. FAMILY AND COMMUNITY REFERRALS, DIRECT

SERVICES, ADVOCACY AND LINKS TO PARENT SUPPORT SERVICES ARE ALSO

PROVIDED. A LIMITED NUMBER OF FAMILIES RECEIVE RESPITE AND CAMP FUNDS.

UNINSURED OR UNDERINSURED FAMILIES WHO FALL WITHIN THE TITLE V EXTENDED

SERVICE FUNDS ELIGIBILITY GUIDELINES CAN ALSO BENEFIT FROM PAYMENT FOR

EXTENDED SERVICES (I.E. DURABLE MEDICAL EQUIPMENT, PRESCRIPTIONS,

SPECIALTY VISITS, THERAPIES AND SPECIAL NUTRITIONAL FORMULAS).

PATIENT FINANCIAL AID SAINT MARY'S HOSPITAL PROVIDES FINANCIAL

ASSISTANCE TO PATIENTS WHO QUALIFY FOR THE HOSPITAL'S "BED FUND" OR OTHER

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FINANCIAL ASSISTANCE PROGRAMS.

IF A PATIENT IS UNINSURED OR OTHERWISE UNABLE TO PAY HIS OR HER MEDICAL BILLS, HE OR SHE MAY QUALIFY FOR THE HOSPITAL BED FUND. IN ORDER TO QUALIFY, A PATIENT MUST MEET CERTAIN CRITERIA, INCLUDING HAVING A HOUSEHOLD INCOME AT OR BELOW 400% OF THE FEDERAL POVERTY LIMITS.

IF A PATIENT QUALIFIES FOR THE "BED FUND," OR ANY OTHER FINANCIAL ASSISTANCE PROGRAMS, THE PATIENT WILL BE NOTIFIED WITHIN THIRTY (30) DAYS OF RECEIPT OF APPLICATION. IF A PATIENT'S APPLICATION IS DENIED, AN EXPLANATION WILL BE PROVIDED. THE PATIENT MAY REAPPLY AT ANY TIME AND THE APPLICATION WILL BE REASSESSED BASED ON THE AVAILABILITY OF ADDITIONAL FUNDS OR A CHANGE IN THE PATIENT'S FINANCIAL STATUS.

COMMUNITY INFORMATION

Part VI Supplemental Information

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PART VI, LINE 4

SAINT MARY'S TOTAL SERVICE AREA IS COMPRISED OF 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA (WHICH INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT, CT) HAS A POPULATION OF APPROXIMATELY 165,400. THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 144,600. THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,499, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$66,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2013 IS 9.3%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 7.5% APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 17.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 6.7% IN CONNECTICUT.

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CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

PROMOTION OF COMMUNITY HEALTH

PART II AND PART VI, LINE 5

SMH'S COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING: DISASTER PREPAREDNESS; CONTRIBUTIONS TO THE WATERBURY ELIMINATES LEAD HAZARDS PROGRAM; HEALTH CARE ADVOCACY; A VARIETY OF WORKFORCE DEVELOPMENT INITIATIVES INCLUDING LECTURES TO ADDRESS HEALTHCARE WORKFORCE SHORTAGES, RECRUITING MINORITIES AND DIVERSE LANGUAGES, AND SPEAKING TO YOUTH ABOUT CAREERS IN HEALTHCARE; PARTICIPATION IN THE CONNECTICUT HOSPITAL ASSOCIATION'S DIVERSITY COLLABORATIVE; UNITED WAY DAY OF CARING; AND PUBLIC LANDSCAPE ENHANCEMENT AMONG OTHERS. THESE ACTIVITIES PROMOTE

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HEALTH IN MANY WAYS. THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE ABOVE AND BEYOND WHAT IS REQUIRED OF THEM HELPS TO PREPARE OUR STAFF AND COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC) IN THE EVENT THAT A LOCAL DISASTER WOULD OCCUR. THE WATERBURY ELIMINATES LEAD HAZARDS PROGRAM COLLABORATES WITH OTHER LOCAL AGENCIES TO IDENTIFY LEAD HAZARDS IN THE COMMUNITY AND EDUCATE AND TREAT INDIVIDUALS IN AN EFFORT TO PREVENT LEAD HAZARDS THROUGHOUT THE COMMUNITY. A VARIETY OF SMH STAFF ADVOCATE FOR HEALTHCARE REFORM BOTH LOCALLY AND AT THE STATE LEVEL IN AN EFFORT TO IMPROVE ACCESS TO HEALTHCARE AND PUBLIC HEALTH. THE VARIOUS WORKFORCE DEVELOPMENT INITIATIVES ASSURE ACCESS TO HEALTHCARE SERVICES IN OUR COMMUNITY WHILE MAINTAINING HUMAN RESOURCES. BOTH THE UNITED WAY DAY OF CARING AND PUBLIC LANDSCAPE ENHANCEMENT CLEAN UP OUR COMMUNITIES TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR EVERYONE TO WORK, PLAY AND LIVE.

Part VI Supplemental Information

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PROMOTION OF COMMUNITY HEALTH CONT.

PART II AND PART VI, LINE 5

SAINT MARY'S HOSPITAL OFFERS A VARIETY OF FREE PROGRAMS AND SERVICES THAT ARE SUBSIDIZED BY THE HOSPITAL. FROM MEDICAL AND SURGICAL SERVICES FOR THE UNINSURED AND UNDERINSURED TO HEALTH EDUCATION, SUPPORT GROUPS AND COMMUNITY OUTREACH PROGRAMS, SAINT MARY'S PLAYS AN INTEGRAL ROLE IN THE COMMUNITY WHILE RESPONDING TO THE UNIQUE HEALTHCARE NEEDS OF THE RESIDENTS OF GREATER WATERBURY.

EXAMPLES OF SAINT MARY'S MANY COMMUNITY BENEFIT PROGRAMS AND SERVICES PROGRAM, WHICH PROVIDES FREE MAMMOGRAMS FOR WOMEN WHO ARE AGE 40 OR OLDER AND HAVE LITTLE OR NO HEALTH INSURANCE. SAINT MARY'S IS THE ONLY HOSPITAL IN WATERBURY OFFERING THIS PROGRAM, WHICH HAS ASSISTED MORE THAN 2,500 WOMEN SINCE 1995. THE PROGRAM IS OFFERED THROUGH SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER.

OTHER EXAMPLES OF SAINT MARY'S COMMUNITY BENEFIT PROGRAMS AND SERVICES

Part VI Supplemental Information

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INCLUDE SUPPORT GROUPS THAT ARE HOSTED AND SUPPORTED BY THE HOSPITAL FOR PATIENTS SUFFERING FROM ASTHMA AND OUR "BEYOND GRIEF" GROUP PROVIDES BEREAVEMENT SUPPORT FOR ADULTS.

ONE OF THE PROGRAMS THAT HAS HAD AN IMPACT IS CALLED "TEEN GRIEF," WHICH PROVIDES CONFIDENTIAL BEREAVEMENT SUPPORT TO STUDENTS OF LOCAL MIDDLE AND HIGH SCHOOLS. ESTABLISHED BY A PEDIATRIC SOCIAL WORKER FROM SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER IN THE WAKE OF THE TERRORIST ATTACKS OF SEPTEMBER 2001, THIS PROGRAM IS SUPPORTED IN PART BY A GRANT FROM THE J. WALTON BISSELL FOUNDATION. THIS IN SCHOOL PROGRAM ALLOWS TEENS TO COPE WITH THEIR GRIEF IN A POSITIVE WAY AND PROVIDES THEM WITH A SAFE PLACE TO EXPRESS THEIR FEELINGS AND LEARN FROM THE EXPERIENCES OF THEIR PEERS. IN ADDITION TO THESE PROGRAMS SAINT MARY'S ALSO HAS SUCCESSFUL PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE GREATER WATERBURY UNITED WAY, WELLPATH BEHAVIORAL HEALTH FOR CHILDREN AND FAMILIES, AND THE MORRIS FOUNDATION, WHICH OFFERS TREATMENT, PREVENTION, EDUCATION, AND RECOVERY SUPPORT FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND BEHAVIORAL HEALTH

Part VI Supplemental Information

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ISSUES.

THE HOSPITAL HAS ALSO FORGED COLLABORATIONS TO BRING WORLD-CLASS

HEALTHCARE SERVICES TO THE COMMUNITY THROUGH:

- THE HAROLD LEEVER REGIONAL CANCER CENTER, A FREESTANDING
40,000-SQUARE-FOOT FACILITY DEDICATED TO OUTPATIENT CANCER CARE, WHICH IS
A JOINT VENTURE PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL AND WATERBURY
HOSPITAL; - THE HEART CENTER OF GREATER WATERBURY, WHICH PROVIDES
ADVANCED CARDIAC SERVICES, INCLUDING ANGIOPLASTY AND OPEN HEART SURGERY,
THROUGH A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL
AND THE UNIVERSITY OF CONNECTICUT HEALTH CENTER/JOHN DEMPSEY HOSPITAL.
EXTENDING ITS REACH.

SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER HAS BEEN RECOGNIZED BY
THE CONNECTICUT LEGISLATURE, STATE CHILD ADVOCACY GROUPS AND THE NATIONAL
INITIATIVE FOR CHILD HEALTHCARE QUALITY AS A LEADER AND MODEL PRACTICE IN
THE CARE OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS BASED ON ITS "MEDICAL

Part VI Supplemental Information

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HOME" MODEL OF CARE.

FORMALLY KNOWN AS THE NORTHWEST REGIONAL MEDICAL HOME SUPPORT CENTER,
THIS HOSPITAL-BASED PROGRAM PROVIDES ASSISTANCE TO CAREGIVERS OF CHILDREN
WITH SPECIAL HEALTHCARE NEEDS AND HAS EXPANDED TO FIVE LOCATIONS: SAINT
MARY'S CHILDREN'S HEALTH CENTER, LITCHFIELD COUNTY PEDIATRICS IN
TORRINGTON, PEDIATRIC ASSOCIATES OF WESTERN, CT, PEDIATRIC ASSOCIATES OF
CT AND THE MEDICAL/PEDIATRICS RESIDENCY TRAINING PROGRAM OPERATED JOINTLY
BY SAINT MARY'S HOSPITAL AND YALE-NEW HAVEN HOSPITAL.

THE PROGRAM PROVIDES:

- CARE COORDINATION
- FAMILY SUPPORT
- ADVOCACY
- TITLE V FUNDS
- BENEFITS COORDINATION

Part VI Supplemental Information

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WORKING WITH CAREGIVERS, THE "MEDICAL HOME" PROGRAM HELPS CREATE CUSTOMIZED CARE PLANS AND BRINGS TOGETHER RESOURCES THAT FAMILIES WITH CHILDREN OF SPECIAL NEEDS DEPEND UPON. THE PROGRAM PARTNERS WITH PEDIATRIC CARE PROVIDERS TO MEET THE DIVERSE NEEDS OF CAREGIVERS AND FAMILIES OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS. WORKING THROUGH REHABILITATION AND SCHOOL SERVICES, COMMUNITY AGENCIES AND DEPARTMENT OF SOCIAL SERVICES, THE PROGRAM ESTABLISHES TRANSITION PLANS FOR CHILDREN LEAVING THE PROGRAM AT AGE 21. THE UNITED STATES MATERNAL AND CHILD HEALTH BUREAU DEFINES CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN) AS THOSE WHO HAVE OR ARE AT INCREASED RISK FOR: CHRONIC PHYSICAL, DEVELOPMENTAL, BEHAVIORAL OR EMOTION CONDITIONS (EXPECTED TO LAST AT LEAST A YEAR); AND THOSE WHO REQUIRE HEALTH AND RELATED SERVICES OF A TYPE OR AMOUNT BEYOND THAT REQUIRED BY CHILDREN GENERALLY. EIGHTEEN PERCENT OF CHILDREN IN THE UNITED STATES ARE INCLUDED IN THAT DEFINITION.

IN ADDITION TO THE COMMUNITY BUILDING ACTIVITIES IDENTIFIED IN RESPONSE

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TO QUESTION 5 AND THE QUANTIFIED FREE OR DISCOUNTED HEALTH SERVICES IDENTIFIED IN THE REPORTED CHARITY CARE FIGURES, SMH PROVIDES OTHER COMMUNITY BENEFITS. EXAMPLES INCLUDE SCREENINGS, LECTURES, HEALTH FAIRS, SUPPORT GROUPS, CONSULTATIONS, REFERRALS TO OUTSIDE AGENCIES AND OTHERS.

HEALTH PROFESSIONS EDUCATION: SMH IS A TEACHING HOSPITAL AND IS COMMITTED TO PREPARING FUTURE HEALTHCARE PROFESSIONALS. THIS CATEGORY REPRESENTS THE MAJORITY OF SMH'S COMMUNITY BENEFIT ACTIVITIES AND INCLUDES EFFORTS TO GENERATE INTEREST IN HEALTH PROFESSIONS AS WELL AS PROVIDING A CLINICAL SITE FOR MEDICAL STUDENTS, HIGH SCHOOL STUDENTS AND COLLEGES FOR STUDENTS WHO ARE PURSUING DEGREES AS NURSES, PAS, OCCUPATIONAL, SPEECH AND PHYSICAL THERAPISTS, DENTAL HYGIENISTS, RADIOLOGY TECHNOLOGISTS AND MORE.

SUBSIDIZED SERVICES: SMH PROVIDES HEALTH SERVICES TO PATIENTS WITH NO INSURANCE OR STATE INSURANCE INCLUDING EMERGENCY SERVICES AND BEHAVIORAL

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HEALTH CLINICS.

FINANCIAL AND IN-KIND CONTRIBUTIONS: SMH FINANCIALLY SUPPORTS OTHER COMMUNITY ORGANIZATIONS THROUGH SPONSORSHIPS AND IN-KIND DONATIONS VIA TIME SPENT BY STAFF IN THE COMMUNITY ON LOCAL BOARDS AND VOLUNTEERING TIME FOR LOCAL ORGANIZATIONS.

COMMUNITY BENEFIT OPERATIONS: THE COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS ARE IN ITSELF A BENEFIT TO THE COMMUNITY. THIS CATEGORY ALSO INCLUDES COSTS ASSOCIATED WITH CONDUCTING A COMMUNITY HEALTH NEEDS ASSESSMENT AS WELL AS DEVELOPING AN IMPLEMENTATION STRATEGY.

RESEARCH

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER. SUCH INFORMATION IS ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED

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AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA IS FUNDAMENTAL TO A VARIETY OF RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. THE DATA IS REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FISCAL YEAR 2013, THE TOTAL COST ASSOCIATED WITH THE SAINT MARY'S HOSPITAL CANCER REGISTRY WAS \$110,871.

AFFILIATED HEALTH CARE SYSTEM ROLES

PART VI, LINE 6

SAINT MARY'S HOSPITAL PLAYS AN INDISPENSABLE ROLE IN THE HEALTHCARE DELIVERY SYSTEM FOR THE GREATER WATERBURY COMMUNITY AND THE TOWNS OF THE CENTRAL NAUGATUCK VALLEY. FOUNDED IN 1907 BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY, SAINT MARY'S HAS BEEN THE CATHOLIC BEACON OF HEALING AND HOPE IN THE COMMUNITY FOR 100 YEARS. BUILT IN THE HEART OF THE CITY AND

Part VI Supplemental Information

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WITHIN CLOSE DISTANCE OF ITS ONCE-THRIVING BRASS MILLS SO THAT IT COULD

RESPOND READILY TO INJURED WORKERS, THE HOSPITAL HAS EVOLVED INTO A

DIVERSE HEALTH SYSTEM THAT TODAY PROVIDES A VARIETY OF HEALTHCARE,

EDUCATIONAL, FINANCIAL AND OTHER BENEFITS TO THE PEOPLE IT SERVES.

SMH AFFILIATED ORGANIZATIONS SHARE THE GOAL OF PROMOTING HEALTHY LIVING

AND DISEASE DETECTION AND PREVENTION THROUGHOUT THE WATERBURY COMMUNITY.

THE HEART CENTER OF GREATER WATERBURY IS A PARTNERSHIP ORGANIZATION WITH

SOLE MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HEART

CENTER PROMOTES HEALTHY LIVING AND CARDIOVASCULAR DISEASE DETECTION

THROUGH SUPPORT GROUPS, SCREENINGS, COMMUNITY HEALTH BOARD INVOLVEMENT,

AND COMMUNITY EDUCATION.

THE HAROLD LEEVER CANCER CENTER IS A PARTNERSHIP ORGANIZATION WITH SOLE

MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HAROLD LEEVER

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CANCER CENTER PROMOTES CANCER AWARENESS AND SUPPORT FOR PATIENTS THROUGH SUPPORT GROUPS, SCREENINGS AND COMMUNITY EDUCATION.

SAINT MARY'S HOSPITAL FOUNDATION IS A 501(C)(3) WHOLLY OWNED SUBSIDIARY COMPANY OF SAINT MARY'S HEALTH SYSTEM. THE FOUNDATION SUPPORTS THE HOSPITAL'S MISSION BY RAISING MONEY TO BENEFIT A VARIETY OF COMMUNITY NEEDS.

FRANKLIN MEDICAL GROUP IS A CAPTIVE PROFESSIONAL CORPORATION OF MULTI-SPECIALTY PHYSICIANS AFFILIATED WITH SAINT MARY'S HOSPITAL. THE MEDICAL GROUP OPERATES THE CHILDREN'S AND FAMILY HEALTH CENTER, DENTAL CLINIC AND A VARIETY OF CLINICS OFTEN BENEFITING THE UNINSURED POPULATION. IN ADDITION TO PATIENT CARE, PATIENTS BENEFIT FROM A VARIETY OF FREE OR DISCOUNTED SERVICES.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

PART VI, LINE 7

CT

BILLING AND COLLECTIONS

PART V, LINE 16E AND PART I, LINE 3C

THE ORGANIZATION TAKES THE FOLLOWING EFFORT TO ENSURE ELIGIBILITY PRIOR TO INITIATING ANY LAWSUITS OR LEINS:

ON A BI-WEEKLY BASIS PATIENT FINANCIAL SERVICES DEPARTMENT WILL RUN A REPORT OF ALL OUTSTANDING PATIENT ACCOUNT BALANCES, IN FINANCIAL CLASS P, WHICH WILL BE FORWARDED TO AN OUTSIDE VENDOR FOR VERIFICATION OF ASSET. PATIENTS THAT ARE CLASSIFIED AS HAVING NO ASSETS WILL BE WRITTEN OFF TO CHARITY CARE. THESE MUST BE AUTHORIZED AND APPROVED BY THE VICE PRESIDENT OF FINANCE/CFO OR HIS DESIGNEE. DUE TO SYSTEM TRANSITION, THE HOSPITAL HAD DIFFICULTY WITH ASSET VERIFICATION DURING 2013.

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INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE

PART V, LINE 20D

THE FOLLOWING CRITERIA ARE USED TO DETERMINE THE ELIGIBILITY OF PATIENTS
FOR FINANCIAL ASSISTANCE:

ALL SELF-PAY ACCOUNTS (SFPY) RECEIVED A 25% SELF PAY DISCOUNT UP UNTIL
JUNE 30, 2013. AFTER JUNE 2013 ALL SELF PAY INDIVIDUALS RECEIVED A 40%
DISCOUNT OFF OF THE PUBLISHED CHARGES, REGARDLESS OF THEIR INCOME OR
ASSETS. ACCOUNTS MUST BE IN A SELF-PAY FINANCIAL CLASS FOR THE DISCOUNT
TO BE TAKEN.

FOR UNINSURED PATIENTS WHOSE INCOME ARE AT OR BELOW 350% OF THE FEDERAL
POVERTY INCOME LEVELS, SMH WILL REDUCE THEIR BILL BY SLIDING SCALE
DISCOUNT OR TO "COST OF PROVIDING SERVICES", AS ESTABLISHED BY THE OFFICE
OF HEALTH CARE ACCESS (OHCA), WHICHEVER IS GREATER.

UNINSURED PATIENTS, WHOSE INCOME RANGE BETWEEN 351% AND 400% OF THE

Part VI Supplemental Information

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FEDERAL POVERTY INCOME LEVELS, WILL BE ELIGIBLE FOR AN ADDITIONAL CHARITY CARE REDUCTION OF 20% OFF OF THEIR REMAINING ACCOUNT(S) BALANCE(S).

PATIENTS WHO DO NOT QUALIFY FOR REDUCTION TO COST OR CHARITY CARE MAY QUALIFY FOR AN ADDITIONAL 5% - 10% DISCOUNT BY CONTACTING OUR SELF-PAY COLLECTORS. REQUESTS FOR THIS DISCOUNT MUST BE MADE BEFORE THE ACCOUNT IS SENT TO A COLLECTION AGENCY AND PAYMENT MUST BE RECEIVED WITHIN 10 DAYS OF THE AGREEMENT.

INPUT FROM REPRESENTATIVES OF THE COMMUNITY

PART V, LINE 3

SAINT MARY'S RECEIVED SIGNIFICANT INPUT FROM PERSONS REPRESENTING THE COMMUNITY. THE ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH THE NEWLY FORMED GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), WHICH INCLUDES SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, THE WATERBURY DEPARTMENT OF HEALTH, UNITED WAY OF GREATER WATERBURY, STAYWELL HEALTH CENTER, AND THE CONNECTICUT COMMUNITY FOUNDATION. IN ADDITION, GWHIP

Part VI Supplemental Information

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HOSTED A PRIORITIZATION SESSION THAT INCLUDED 41 INDIVIDUALS REPRESENTING LOCAL HEALTH AND HUMAN SERVICE AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS AND PUBLIC HEALTH REPRESENTATIVES. AT THIS PRIORITIZATION SESSION WHICH TOOK PLACE ON JUNE 18, 2013, THE GROUP VOTED ON COMMUNITY HEALTH PRIORITIES.

THE SESSION INCLUDED 41 PARTICIPANTS FROM 29 ORGANIZATIONS INCLUDING BUT NOT LIMITED TO WATERBURY BOARD OF PUBLIC HEALTH, CATHOLIC CHARITIES ARCHDIOCES OF HARTFORD, UCONN SCHOOL OF PUBIC HEALTH, END HUNGER CONNECTICUT, VNA HEALTH-AT-HOME, BRIDGE TO SUCCESS, HEART CENTER OF GREATER WATERBURY AND THE CHAMBER OF COMMERCE. A LISTING OF PARTICIPANTS IS AVAILABLE UPON REQUEST.

INPUT FROM HOSPITAL FACILITIES

PART V, LINE 4

WATERBURY HOSPITAL

Part VI Supplemental Information

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AVAILABILITY TO PUBLIC

PART V, LINE 5C

GWHIP HOSTED A "HEALTH SUMMIT" AT NAUGATUCK VALLEY COMMUNITY COLLEGE ON OCTOBER 4, 2013. MEMBERS OF THE PUBLIC WERE INVITED TO ATTEND. OVER 100 PEOPLE ATTENDED THE EVENT.

AT THE HEALTH SUMMIT, GWHIP REPRESENTATIVES PRESENTED THE CHNA FINDINGS. GWHIP ALSO CONVENED WORK GROUPS TO ADDRESS IDENTIFIED AREAS OF COMMUNITY HEALTH NEED.

NEEDS IDENTIFIED

PART V, LINE 7

SAINT MARY'S HOSPITAL ADMINISTRATORS DECIDED TO FOCUS ON THE TOP FOUR COMMUNITY HEALTH NEEDS (ACCESS TO CARE; MENTAL HEALTH/SUBSTANCE ABUSE; CHRONIC DISEASES (OBESITY, HEART DISEASE, DIABETES, AND ASTHMA); AND TOBACCO USE). THESE NEEDS WERE SELECTED AT THE "PRIORITIZATION SESSION" THAT WAS HELD ON JUNE 18, 2013.

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DUE TO LIMITED TIME AND RESOURCES, SAINT MARY'S IS UNABLE TO ADDRESS EACH IDENTIFIED COMMUNITY HEALTH NEED. COMMUNITY ORGANIZATIONS ARE ADDRESSING THE OTHER IDENTIFIED HEALTH NEEDS. FOR EXAMPLE, THE WATERBURY HEALTH DEPARTMENT AND NEW OPPORTUNITIES, INC. ARE BOTH ADDRESSING "LOW BIRTH WEIGHT" BABIES THROUGH THE WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM. THE WATERBURY HEALTH DEPARTMENT AND NEW OPPORTUNITIES, INC. ADMINISTER THE WIC PROGRAM LOCALLY.