

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER** **Employer identification number** **06-0646813**

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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
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:	X	
<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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
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	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		10,443	2,718,176.		2,718,176.	.33%
b Medicaid (from Worksheet 3, column a)		37,740	46,497,671.		46,497,671.	5.69%
c Costs of other means-tested government programs (from Worksheet 3, column b)			18,396,862.		18,396,862.	2.25%
d Total Financial Assistance and Means-Tested Government Programs		48,183	67,612,709.		67,612,709.	8.27%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		12,105	2,397,112.	895,151.	1,501,961.	.18%
f Health professions education (from Worksheet 5)			31,157,815.	7,684,786.	23,473,029.	2.87%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			178,023.		178,023.	.02%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits		12,105	33,732,950.	8,579,937.	25,153,013.	3.07%
k Total. Add lines 7d and 7j		60,288	101,345,659.	8,579,937.	92,765,722.	11.34%

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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						
2 Economic development						
3 Community support		6,999	47,653.		47,653.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			29,210.		29,210.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total		6,999	76,863.		76,863.	.01%

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?	1	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	2	14,575,173.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	184,276,978.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	158,548,616.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	25,728,362.
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	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	9b	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 GRTR HTFD LITHOTRIPTY, LLC	HEALTH CARE SERVICES - LITHOTRIPTY	31.80%		7.20%
2 ST FRANCIS GI ENDOSCOPY, LLC	HEALTH CARE SERVICES - ENDOSCOPY	49.00%		51.00%

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SAINTE FRANCIS HOSPITAL AND MEDICAL CENTE

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 7</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>CT.GOV.DPH.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>WWW.SAINTEFRANCISCARE.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.SAINTFRANCIS.ORG/FINANCIAL-ASSISTANCE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 3J: THE HOSPITAL PUBLISHED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT IN JUNE OF 2016. THE PROCESS BEGAN IN JANUARY OF 2015 WITH PARTNERSHIP DISCUSSIONS AND INVESTMENTS IN THE DATA HAVEN WELL BEING TELEPHONE SURVEY WHICH WAS USED TO GATHER PRIMARY DATA FROM RESIDENTS ABOUT THEIR HEALTH AND WELL-BEING. THIS PRIMARY DATA AND SECONDARY DATA INCLUDING CENSUS DATA; INFORMATION FROM THE SAINT FRANCIS COMMUNITY PROFILE FROM THE CT HOSPITAL ASSOCIATION; LOCAL REPORTS ON ASTHMA; OBESITY AND ACCESS TO HEALTHY FOODS AND OTHER RESOURCES. DATA WERE ANALYZED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS AND RESULTS WERE USED TO DEVELOP KEY INFORMANT INTERVIEWS WHICH WERE COMPLETED IN JUNE - AUG OF 2015. FINALLY A PRIORITY SETTING ACTIVITY WITH COMMUNITY INPUT WAS COMPLETED PRIOR TO PUBLICATION. SUBSEQUENT TO THIS PUBLICATION AN IMPLEMENTATION STRATEGY WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 5: PERSONS INVOLVED IN PLANNING THE CHNA INCLUDED LEADERS OF LOCAL COMMUNITY AGENCIES; FAITH LEADERS; HEALTHCARE PROVIDERS; GOVERNMENT EMPLOYEES AND FOUNDATIONS STAFF. DURING THE DATA GATHERING PROCESS COMMUNITY MEMBERS WERE INTERVIEWED AND COMMUNITY CONVERSATIONS WERE HELD ONCE PRELIMINARY ANALYSIS WAS COMPLETED TO IDENTIFY PRIORITIES AND CONFIRM THE FINDINGS FROM THE PERSPECTIVE OF THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED. ADDITIONALLY, HEALTH LEADERS FROM THE GREATER HARTFORD AREA WERE CONSULTED TO DETERMINE IF THE FINDINGS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

REFLECTED THEIR COMMUNITY NEEDS AS WELL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES WHO PARTICIPATED IN THE CHNA INCLUDED MOUNT SINAI HOSPITAL; JOHNSON MEMORIAL HOSPITAL AND CONNECTICUT CHILDREN'S MEDICAL CENTER

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: OTHER ORGANIZATIONS INCLUDED IN CONDUCTING THE CHNA INCLUDED HARTFORD FOUNDATION FOR PUBLIC GIVING, DATA HAVEN, HARTFORD HEALTH AND HUMAN SERVICES AND COMMUNITY SOLUTIONS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE IMPLEMENTATION STRATEGY ADOPTED JANUARY 25, 2017 ADDRESSES THE NEEDS FOUND IN THE CHNA INCLUDING:

1. COMMUNITY SAFETY & VIOLENCE
2. FAMILY & SOCIAL SUPPORT
3. EMPLOYMENT AND POVERTY
4. ACCESS TO CARE

A COPY OF THE COMMUNITY HEALTH IMPROVEMENT STRATEGY IS INCLUDED IN THE APPENDIX.

ACTIVITIES HAVE BEEN DEVELOPED BY SAINT FRANCIS AND WITH COMMUNITY PARTNERS TO ADDRESS THE NEEDS IDENTIFIED, THEY INCLUDE:

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

COMMUNITY SAFETY & VIOLENCE PREVENTION:

- ANNUAL GUN BUY BACK EVENT
- FUNDING OF HARTFORD COMMUNITIES THAT CARE - VIOLENCE PREVENTION TRAINING FOR YOUTH
- SUPPORT FOR PEACE BUILDERS - TRAINEES TO SUPPORT CLINICAL STAFF AFTER VIOLENT EVENTS

FAMILY & SOCIAL SUPPORT (INCREASE HEALTHY BEHAVIORS):

SUPPORT FOR AGENCIES TO PROVIDE PROGRAMS TO FAMILIES NEEDING SUPPORT

- YMCA - DIABETES PREVENTION PROGRAM
- LIVE WELL DIABETES
- COOKING MATTERS

FAMILY & SOCIAL SUPPORT (TOBACCO CESSATION):

- MATCH COALITION
- REGIONAL HEALTH MINISTRIES AND POLICY SUPPORT FOR TOBACCO 21

ACCESS TO CARE (BEHAVIORAL HEALTH SERVICES):

DEVELOPMENT OF A COALITION OF BEHAVIORAL HEALTH PARTNERS TO SUPPORT

HARTFORD'S NORTH END COMMUNITY INCLUDING

- SAINT FRANCIS BEHAVIORAL HEALTH
- GENGRAS AMBULATORY CARE CLINIC
- INTERCOMMUNITY
- WHEELER CLINIC
- CATHOLIC CHARITIES

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

THE IMPLEMENTATION STRATEGY WILL BE ORGANIZED AS AN INITIATIVE CALLED WELL BEING 360 AND IS FUNDED IN PART WITH GRANT DOLLARS AND A REALLOCATION OF A PORTION OF THE COMMUNITY BENEFIT DOLLARS THAT SAINT FRANCIS HAS DEDICATED TO THIS WORK.

A HEALTH COALITION IS BEING DEVELOPED WHICH WILL PARTNER WITH THE GREATER HARTFORD PROMISE ZONE TO ADDRESS THE BROADER ISSUES OF HOUSING AND EMPLOYMENT WHICH ARE NOT BEING ADDRESSED DIRECTLY BY THE HOSPITAL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 13B:

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."

EXAMPLES OF PRESUMPTIVE SUPPORT CASES INCLUDE:

- A. DECEASED PATIENTS WITH NO KNOWN ESTATE
- B. HOMELESS
- C. UNEMPLOYED PATIENTS WITH NO SPOUSE OR ASSETS.
- D. NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS.
- E. OUT OF STATE MEDICAID IN WHICH WE ARE NOT A PROVIDER.
- F. PATIENT WHO IS CURRENTLY ON PUBLIC ASSISTANCE BUT WAS INELIGIBLE AT THE TIME OF SERVICE.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

G. DISCHARGED BANKRUPTCIES

H. MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR PATIENTS WHO ARE NON-RESPONSIVE TO THE FAP APPLICATION PROCESS, OTHER SOURCES OF INFORMATION, IF AVAILABLE SHOULD BE USED TO MAKE AN INDIVIDUAL ASSESSMENT OF FINANCIAL NEED. THIS INFORMATION WILL ENABLE THNE TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF NON-RESPONSIVE PATIENTS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.SAINSTFRANCIS.ORG/HOSPITAL-PUBLICATIONS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

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

WWW.SAINSTFRANCIS.ORG/FINANCIAL-ASSISTANCE

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, LINE 7A, HOSPITAL FACILITY WEBSITE:

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

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Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 24

Name and address	Type of Facility (describe)
1 SIMSBURY OFFICES & URGENT CARE 1502 HOPMEADOW ST, 30 DORSET CROSSING SIMSBURY, CT 06070	MEDICAL OFFICES AND COMMUNITY SPACE
2 ENFIELD ACCESS CENTER 7 ELM STREET ENFIELD, CT 06082	MEDICAL OFFICES AND COMMUNITY EDUCATION SPACE / LABORATORY SERVICES
3 BLOOMFIELD MEDICAL OFFICE & URGENT CA 421 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	WALK-IN CLINIC AND MEDICAL OFFICES / LABORATORY SERVICES
4 WINDSOR - SF GI ENDOSCOPY CENTER 360 BLOOMFIELD AVENUE WINDSOR, CT 06095	ENDOSCOPY
5 WEST HARTFORD MEDICAL OFFICES 345 NORTH MAIN STREET WEST HARTFORD, CT 06109	MEDICAL OFFICES AND IT TRAINING SPACE / LABORATORY SERVICES
6 ELLINGTON MEDICAL OFFICE 137 WEST ROAD ELLINGTON, CT 06029	MEDICAL OFFICES AND COMMUNITY SPACE / LABORATORY SERVICES
7 MANCHESTER MEDICAL OFFICES 515 WEST MIDDLE TPK MANCHESTER, CT 06048	MEDICAL OFFICES AND COMMUNITY SPACE
8 AVON ACCESS CENTER 35 NOD ROAD AVON, CT 06001	MEDICAL OFFICES AND EDUCATION SPACE / LABORATORY SERVICES
9 FARMINGTON MEDICAL OFFICES 11 SOUTH ROAD, SUITE 200 FARMINGTON, CT 06032	MEDICAL OFFICE
10 GLASTONBURY ACCESS CENTER 31 SYCAMORE COMMONS GLASTONBURY, CT 06033	MEDICAL OFFICES AND COMMUNITY EDUCATION SPACE / LABORATORY SERVICES

Schedule H (Form 990) 2015

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

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Part V Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
11 WEST HARTFORD 20 ISHAM ROAD WEST HARTFORD, CT 06109	MEDICAL OFFICES
12 HARTFORD 500 BLUE HILLS AVE HARTFORD, CT 06112	LABORATORY SERVICES
13 EAST HARTFORD ACCESS CENTER 893 MAIN STREET EAST HARTFORD, CT 06108	MEDICAL OFFICES / LABORATORY SERVICES
14 WINDSOR MEDICAL OFFICE 1080 DAY HILL ROAD WINDSOR, CT 06095	MEDICAL OFFICE
15 FARMINGTON 2 SPRING LANE FARMINGTON, CT 06032	LABORATORY SERVICES
16 HARTFORD 1000 ASYLUM ST, STE 3209 HARTFORD, CT 06103	LABORATORY SERVICES
17 SOUTH WINDSOR MEDICAL OFFICE 1340 SULLIVAN AVENUE SOUTH WINDSOR, CT 06074	MEDICAL OFFICES
18 BLOOMFIELD 580 COTTAGE GROVE RD BLOOMFIELD, CT 06002	LABORATORY SERVICES
19 WEST HARTFORD 928 FARMINGTON AVE WEST HARTFORD, CT 06107	LABORATORY SERVICES
20 ROCKY HILL 506 CROMWELL AVE ROCKY HILL, CT 06067	LABORATORY SERVICES

Schedule H (Form 990) 2015

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

N/A

PART I, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

PART I, LINE 6A:

SAINTE FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL

Part VI Supplemental Information (Continuation)

WEBSITE.

PART I, LINE 7:

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER USES A COST ACCOUNTING SYSTEM WITHIN THE DECISION SUPPORT SYSTEM PRODUCT. IT IS A FULLY ABSORBED COSTING SYSTEM USING REMAPS OF EXPENSE AND REVENUES WHERE NEEDED. INDIRECT, OR OVERHEAD, COSTS ARE ALLOCATED USING STATISTICS IN ORDER TO ALLOCATE THE COSTS TO THE REVENUE PRODUCING DEPARTMENTS. THE METHOD OF ALLOCATING DOLLARS TO THE CHARGE ITEMS IS CURRENTLY PRIMARILY BASED ON A RCC METHOD USING OUR CHARGE ITEM PRICE AS THE DRIVER. WE HAVE INTERSPERSED SOME NATIONAL RVU'S FROM THE CMS FEE SCHEDULE TO MANY DEPARTMENTS AS WELL AS USING COSTS TO HELP ALLOCATE OUR PHARMACY AND SUPPLY EXPENSES. ALL CHARGE ITEMS OBTAIN A COST AND ALL PATIENT SEGMENTS ARE FULLY COSTED.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS BOTH THE ROOT CAUSES OF HEALTH PROBLEMS SPECIFIC TO THE COMMUNITY SERVED AND WHICH TAKE A MORE GLOBAL APPROACH TO STRUCTURAL BARRIERS. REALLOCATION OF COMMUNITY BENEFIT DOLLARS FOR COMMUNITY TRANSFORMATION IS A NEW INITIATIVE WHICH WILL SUPPORT THIS WORK.

HOUSING SUPPORT:

THE LOCAL NEIGHBORHOOD ASSOCIATIONS IN HARTFORD PLAY A CRITICAL ROLE IN ADVOCATING FOR IMPROVEMENTS IN HOUSING PARTICULARLY THOSE THAT IMPACT LOW INCOME RESIDENTS. STAFF FROM SAINT FRANCIS ATTENDS REGULAR BOARD MEETINGS AND ASSIST WHENEVER POSSIBLE WITH ADVOCATING ON BEHALF OF COMMUNITY RESIDENTS WITH RESPECT TO HOUSING. SAINT FRANCIS HAS ALSO FORMED STRONG

Part VI Supplemental Information (Continuation)

PARTNERSHIPS THIS PAST YEAR WITH HOUSING EXPERTS INCLUDING STAFF AT:
COMMUNITY SOLUTIONS; JOURNEY HOME AND THE PARTNERSHIP FOR A STRONGER
COMMUNITY.

ECONOMIC DEVELOPMENT:

SAINT FRANCIS HAS A STRONG COMMITMENT TO INCREASING SPENDING WITH SMALL
BUSINESS AND WOMEN AND MINORITY OWNED COMPANIES. THIS INITIATIVE IS
CALLED THE SUPPLIER DIVERSITY PROJECT AND IS STAFFED BY A FULL TIME PERSON
WHO WORKS TO IMPROVE RELATIONSHIPS WITH TARGETED BUSINESSES. AN ANNUAL
EVENT, SPONSORED BY SAINT FRANCIS FOR MINORITY AND SMALL BUSINESS VENDORS
IS HELD TO INCREASE THE OPPORTUNITIES FOR SMALL BUSINESS TO MEET LOCAL
PURCHASERS. ADDITIONALLY, TRINITY HEALTH IS CONNECTED TO NATIONAL AND
LOCAL COMMUNITY DEVELOPMENT FINANCE INSTITUTIONS WHICH WILL ENHANCE
OPPORTUNITIES IN THIS AREA.

COMMUNITY SUPPORT:

SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT
PROGRAMS AND INITIATIVES INCLUDING A FOCUS ON: THE IMPACT OF UNINTENTIONAL
INJURIES; AND PROVIDING SUPPORT TO STUDENTS AND INTERNS.

THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS: TO IMPROVE THE
HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY
DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATIVE PREVENTION AND
RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF
VIOLENCE AND INJURY. THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE
OF CAR SEATS TO PREVENT INJURY, INCREASING AWARENESS OF CHILD ABUSE AND
STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING
PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE

Part VI Supplemental Information (Continuation)

RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT.

RESOURCES TO ADDRESS ELDERLY FALLS AND GENERAL INJURY PREVENTION AWARENESS
ARE ALSO AVAILABLE.

LET'S NOT MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO
ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS. IT IS
PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PROGRAM OF SAINT FRANCIS
HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE
TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO
THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING. THE
GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN
RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE
LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE
COMBINED.

THE OFFICE OF EDUCATIONAL ACTIVITIES AT SAINT FRANCIS WORKS WITH OVER 118
STUDENTS, INTERNS AND FELLOWS EACH YEAR TO PROVIDE CRITICAL HAND-ON
EDUCATIONAL EXPERIENCES DESIGNED TO ENHANCE THEIR MARKETABILITY AND TO
EXPOSE THEM TO THE COMPLEXITIES OF PROVIDING HEALTHCARE. THE STUDENTS
RANGE FROM UNDERGRADUATES WORKING ON A SUMMER INTERNSHIP TO PHD STUDENTS
COMPLETING RESEARCH PROJECTS. IN EACH CASE THE GOAL IS TO MENTOR YOUTH
AND PROVIDE MEANINGFUL EXPERIENCES FOR BECOMING A SUCCESSFUL PROFESSIONAL.

ENVIRONMENTAL IMPROVEMENTS:

SAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY
OF HARTFORD. THIS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO
IMPROVE READINESS FOR DISASTER RESPONSE. THE HOSPITAL CONTRIBUTES
SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE.

Part VI Supplemental Information (Continuation)

ADDITIONALLY STAFF SERVE ON THE BOARD OF LOCAL ORGANIZATIONS THAT ADVOCATE FOR ENVIRONMENTAL ISSUES INCLUDING THE ASYLUM HILL NEIGHBORHOOD ORGANIZATION; THE REACH COALITION AND THE NORTHEAST NEIGHBORHOOD IMPROVEMENT ASSOCIATION.

LEADERSHIP DEVELOPMENT:

IN THE AREA OF LEADERSHIP DEVELOPMENT AND TRAINING SAINT FRANCIS FOCUSES ON AREAS OF EXPERTISE IN CLINICAL PASTORAL EDUCATION AND ON PASTORAL COUNSELING TRAINING. ADDITIONALLY, A FORMAL INTERNSHIP PROGRAM IS PROVIDED THROUGH THE CHAPLAINCY PROGRAM AT SAINT FRANCIS WHICH PROVIDES INTERNSHIP TRAINING TO CHAPLAINS ON AN ON-GOING BASIS.

CLINICAL PASTORAL EDUCATION (CPE) IS AN INTERFAITH PROFESSIONAL EDUCATION PROGRAM FOR MINISTRY. IT BRINGS THEOLOGY STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SPONSORED BY MERCY COMMUNITY HEALTH AND SAINT FRANCIS HOSPITAL & MEDICAL CENTER, TWO FAITH BASED ORGANIZATIONS. THE MISSION, CORE VALUES, AND VISION OF PARTNERS IN CPE INSTITUTIONS EMPHASIZE THE SPIRITUAL WELL-BEING OF PATIENTS, THEIR LOVED ONES, AND STAFF.

THE WORK OF PASTORAL COUNSELING RELIES HEAVILY ON THE BRANCH OF PSYCHOLOGY THAT HONORS BLENDING SOUND CLINICAL INSIGHT WITH MEANINGFUL FORMS OF SPIRITUALITY IN EVERYDAY LIFE. CLASSES MOST OFTEN REFERENCE EXAMPLES OR "CASE STUDIES" (WITHOUT SPECIFIC REFERENCE TO ANY PARTICULAR NAME) TO GROUND THE COUNSELING SKILLS IN PRACTICAL MINISTRY. PARTICIPANTS ARE ENCOURAGED TO THOUGHTFULLY BRING THEIR SPIRITUAL AND RELIGIOUS ORIENTATION AND BELIEFS INTO THE CLASS TO CONSIDER HOW THEY CARE FOR THE SOUL WITH

Part VI Supplemental Information (Continuation)

THEIR UNIQUE TRADITIONS. PARTICIPANTS ARE INTRODUCED TO IMPORTANT CLINICIANS IN THEIR LOCAL COMMUNITY TO WHOM THEY CAN RELY WHEN NEEDED. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

PART III, LINE 2:

BAD DEBT REPRESENTS ACTUAL EXPENSE AS REPORTED ON THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 4:

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

PART III, LINE 8:

NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY BENEFIT. THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST REPORT.

PART III, LINE 9B:

SEE PART III, LINE 4

Part VI Supplemental Information (Continuation)

PART VI, LINE 2:

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. THE PROCESS COMMENCED WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, 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).

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.

PART VI, LINE 3:

PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE

Part VI Supplemental Information (Continuation)

PROCESS. IF IT BECOMES CLEAR THAT THE PATIENT DOES NOT HAVE COVERAGE OR HAS MINIMAL COVERAGE THEY ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS THEIR CURRENT INCOME TO DETERMINE ELIGIBILITY FOR EITHER STATE ASSISTANCE OR HELP FROM SAINT FRANCIS CHARITY CARE DOLLARS. THE FINANCIAL ASSISTANCE OFFICE AT SAINT FRANCIS IS STAFFED BY SIX FULL-TIME "FINANCIAL COUNSELORS" FOUR OF WHOM ARE BILINGUAL. THEY ARE POSITIONED THROUGHOUT THE INSTITUTION TO PROVIDE EASY ACCESS TO PATIENTS WHO NEED ASSISTANCE.

IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE: THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY. THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS. ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. AS WELL, INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS. SAINT FRANCIS DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY.

FINALLY, PATIENTS WHO HAVE NOT BEEN FORTHCOMING IN THEIR NEED FOR FINANCIAL ASSISTANCE PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES ARE PROVIDED WITH INFORMATION ABOUT OUR CHARITY CARE POLICY WHEN THEY RECEIVE A BILL FOR THE SERVICES RENDERED. THEY ARE ENCOURAGED TO TALK TO A FINANCIAL COUNSELOR TO DISCUSS A PAYMENT PLAN AND TO DETERMINE IF THEY ARE ELIGIBLE FOR STATE ASSISTANCE OR IF A PORTION OF THEIR BILL CAN BE "WRITTEN OFF" TO CHARITY CARE.

Part VI Supplemental Information (Continuation)

SAINT FRANCIS ALSO CONTRACTS WITH A COMPANY TO VISIT PATIENTS IN THEIR HOMES TO HELP THEM APPLY FOR STATE ASSISTANCE SO THAT THEY HAVE THEIR HEALTH COVERAGE IF THEY SHOULD NEED FURTHER ASSISTANCE.

SPECIAL FUNDING IS AVAILABLE FROM PRIVATE RESOURCES TO HELP CLIENTS PAY FOR SPECIFIC HEALTH CARE SERVICES INCLUDING: MAMMOGRAMS, CARDIOVASCULAR SCREENING, BREAST BIOPSIES, PROSTATE CANCER SCREENING AND TREATMENT AND OTHERS.

THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AT A MINIMUM ON AN ANNUAL BASIS AND MORE OFTEN AS NEEDED. CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014; FURTHER EDITS WERE INCLUDED AND APPROVED IN NOVEMBER 2015.

PART VI, LINE 4:

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SERVES PATIENTS FROM ALL OVER CONNECTICUT, AND NATIONALLY. THE MAJORITY OF OUR PATIENTS COME FROM HARTFORD COUNTY, WHICH INCLUDES THE STATE CAPITAL, HARTFORD, AND THIRTY-FIVE SURROUNDING URBAN AND SUBURBAN COMMUNITIES.

HARTFORD IS THE CAPITAL OF THE STATE OF CONNECTICUT AND THE SEVENTH LARGEST CITY IN NEW ENGLAND. IT IS ONE OF THE OLDEST CITIES IN THE COUNTRY AND AT ONE POINT WAS ONE OF THE WEALTHIEST. THE POPULATION IN HARTFORD IS 125,000 WITH A PROPORTIONALLY YOUNGER AGE DISTRIBUTION THAN THE US OVERALL. THIS IMPACTS NUMEROUS ASPECTS OF HEALTH INCLUDING RATES OF SOME TYPES OF CANCER, VIOLENCE AND LEVELS OF UNINTENDED INJURY. OVER

Part VI Supplemental Information (Continuation)

70% OF CHILDREN IN THE HARTFORD PUBLIC SCHOOLS RECEIVED FREE OR REDUCED PRICE LUNCH. THE RATE OF INFANTS BORN LOW-BIRTH WEIGHT (LESS THAN 2500 G) IS 9.4%, WELL OVER THE NATIONAL AVERAGE OF 6.8%. HARTFORD IS AN URBAN COMMUNITY, THE MAJORITY OF HARTFORD RESIDENTS ARE MINORITIES WITH RESIDENTS REPORTING 42% LATINO (OF ANY RACE) , 37% AFRICAN AMERICAN, 33% WHITE. A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH. RECENT INCREASES IN IMMIGRANT POPULATIONS FROM COUNTRIES SUCH AS BURMA; INDONESIA; VIETNAM, WEST AFRICAN COUNTRIES AND FROM IRAN HAVE INCREASED THE DIVERSITY OF HARTFORD.

MEDICAL SERVICES ARE READILY AVAILABLE IN HARTFORD WITH THREE MAJOR HOSPITALS INCLUDING A CHILDREN'S HOSPITAL, BUT ACCESS TO THOSE SERVICES VARIES WIDELY AMONG CITY RESIDENTS.

PART VI, LINE 5:

COALITION BUILDING:

SAINT FRANCIS IS TAKING A LEADERSHIP ROLE IN THE DEVELOPMENT OF A HEALTH COALITION CALLED THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE. THIS PROCESS IS WELL UNDERWAY AND THE DESIGN PHASE OF THE WORK HAS NOW BEEN COMPLETED. THE COLLABORATIVE HAS PARTNERED WITH THE NORTH HARTFORD PROMISE ZONE TO SERVE AS THE HEALTH "ARM" OF THEIR WORK AND WILL BE ORGANIZING TO ENGAGE OTHERS TO JOIN. HARTFORD IS A SMALL CITY AND RESOURCES ARE VERY LIMITED; A COLLABORATIVE APPROACH TO SOLVING ISSUES RELATED TO HEALTH HAS BEEN WELL RECEIVED AND HAS ALREADY BEEN SUPPORTED BY NUMEROUS AGENCIES AT THE LOCAL, STATE AND NATIONAL LEVEL.

EXECUTIVE STAFF AT SAINT FRANCIS IS EXPECTED TO PARTICIPATE IN COMMUNITY

Part VI Supplemental Information (Continuation)

IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING SMALL
NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND IN-KIND
SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE.

ADVOCACY FOR HEALTH IMPROVEMENTS:

ADVOCACY WORK AT SAINT FRANCIS IS DONE BY THOSE WITH HIGH LEVEL EXPERTISE
IN AN AREA OF HEALTH CARE TO WHICH THEY CAN SPEAK WITH BOTH KNOWLEDGE AND
CONVICTION. SAINT FRANCIS STAFF ARE ALSO ENGAGED WITH TOBACCO CESSATION
ACTIVITIES AT THE COALITION LEVEL BY PARTICIPATION IN THE MATCH COALITION
- A GROUP WORKING TO IMPROVE LAWS AND POLICIES WHICH LIMIT ACCESS TO
TOBACCO BY YOUTH. THIS PARTNERSHIP EXTENDS TO TRINITY HEALTH CORPORATE
WHICH IS ABLE TO PROVIDE A MYRIAD OF RESOURCES TO MOVE THIS AGENDA
FORWARD.

POLICY WORK IN THE AREAS OF SUPPORT FOR BREASTFEEDING AND ACCESS TO
HEALTHY FOODS AS WELL AS WORK TO IMPROVE THE OPPORTUNITIES FOR ACTIVE
LIVING HAS ALSO BECOME PRIORITIES FOR SAINT FRANCIS. THE HOSPITAL IS
INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON IMPROVING THE HEALTH OF
THE COMMUNITY OVERALL. COLLABORATIVE EFFORTS WITH THE CITY HEALTH
DEPARTMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF
MENTAL HEALTH AND ADDITION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND
NON-PROFIT ORGANIZATIONS ARE NUMEROUS.

SAINT FRANCIS HAS A LONG TRADITION OF PROVIDING FOR THE POOR AND THOSE
MOST IN NEED. THE WORK DONE BY THE FOUNDING SISTERS CONTINUES TO INFORM
AND INSPIRE THOSE WHO WORK AT SAINT FRANCIS. SOME SPECIFIC EXAMPLES OF
WORK BEING DONE IN THIS AREA INCLUDE:

Part VI Supplemental Information (Continuation)

- CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY: SERVING AS A BRIDGE BETWEEN COMMUNITY MEMBERS AND THE HOSPITAL SYSTEM
- THE COMPREHENSIVE WOMEN'S HEALTH CENTER: PROVIDING FREE MAMMOGRAM AND BREAST CANCER TREATMENT SERVICES TO WOMEN IN NEED OF ASSISTANCE
- THE JOAN C DAUBER FOOD BANK: PROVIDING FOOD TO FAMILIES IN NEED
- LET'S NOT MEET BY ACCIDENT: TEEN VIOLENCE PREVENTION
- KISS - CT (KIDS IN SAFETY SEATS): PROVIDING FREE CAR SEATS AND INSPECTION FOR FAMILIES WITH YOUNG CHILDREN
- NURTURING FAMILIES NETWORK: TEEN PARENT SUPPORT PROGRAM
- HEALTHY START PROGRAM: WORKING TO PREVENT INFANT MORTALITY
- MEDICAL LEGAL PARTNERSHIP: LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDS
- WOMEN'S HEART PROGRAM: FREE HEART HEALTH SCREENING AND ASSESSMENT IN THE COMMUNITY
- CHILDREN'S ADVOCACY CENTER: SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY CHILD SEXUAL ABUSE
- INTEGRATIVE MEDICINE: FREE MEDICAL SERVICES PROVIDED TO SUPPORT TRADITIONAL APPROACHES OF CARE

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM:

SAINT FRANCIS HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING

Part VI Supplemental Information (Continuation)

TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE.

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

AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECEIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE.

AS A NOT-FOR-PROFIT HEALTH SYTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH

Part VI Supplemental Information (Continuation)

COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

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

PART VI, LINE 7: COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED ON THE WEBSITE FOR FULL VIEWING.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

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