

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ 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.

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 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 free 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>200.0000</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 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	

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)			2,222,091.	16,065.	2,206,026.	.89
b Medicaid (from Worksheet 3, column a)			73,986,564.	53,511,080.	20,475,484.	8.22
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			76,208,655.	53,527,145.	22,681,510.	9.11
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			225,257.		225,257.	.09
f Health professions education (from Worksheet 5)			14,913,438.	9,512,041.	5,401,397.	2.17
g Subsidized health services (from Worksheet 6)			2,748,121.	1,854,289.	2,478,121.	.25
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			72,372.		72,372.	.03
j Total. Other Benefits			17,959,188.	11,366,330.	8,177,147.	2.54
k Total. Add lines 7d and 7j.			94,167,843.	64,893,475.	30,858,657.	11.65

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

Schedule H (Form 990) 2015

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PAGE 38

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			403.		403.	
2 Economic development						
3 Community support			13,032.		13,032.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			13,357.		13,357.	
7 Community health improvement advocacy						
8 Workforce development			152,950.		152,950.	
9 Other						
10 Total			179,742.		179,742.	

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)	94,004,076.
6 Enter Medicare allowable costs of care relating to payments on line 5	83,890,597.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	10,113,479.
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 %
1H. L. CANCER CTR	OUTPATIENT CANCER TREATMENT	50.0000		
2HEART CTR OF FW	CARDIAC SERVICES MSO	50.0000		
3SM INDEMNITY GROUP	INSURANCE COMPANY	100.0000		
4FRANKLIN MEDICAL	PRIMARY CARE PHYSICIAN PRACT			100.0000
5DIAGNOSTIC IMAGING	OUTPATIENT IMAGING CENTER	60.0000		
6NAUGATUCK VALLEY MRI	MAGNETIC IMAGING	78.3000		21.7000
7SM PHYSICIAN PTRS.	ACCOUNTABLE CARE ORG.	100.0000		
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, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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			

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 SAINT MARY'S HOSPITAL INCORPORATED

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding hospital licensing, CHNA, and excise taxes.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" 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 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? 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):	X	
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 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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.STMH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.STMH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.STMH.ORG</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 MARY'S HOSPITAL INCORPORATED

Table with 3 columns: Question, Yes, No. Row 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? Row 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.

Policy Relating to Emergency Medical Care

Table with 3 columns: Question, Yes, No. Row 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?

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

Table with 3 columns: Question, Yes, No. Row 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. Row 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? Row 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?

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.

SCHEDULE H, PART V, SECTION B, LINE 5

SAINT MARY'S HOSPITAL PUBLISHED ITS FIRST FEDERAL MANDATED COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013 IN COLLABORATION WITH CONTRACTED RESEARCH AND CONSULTING FIRM, HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM AND THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP. IN 2015, SAINT MARY'S COMPLETED THE CHNA IN COLLABORATION WITH THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP) USING QUALITATIVE AND QUANTITATIVE DATA. SAINT MARY'S OBTAINED QUALITATIVE DATA FROM KEY COMMUNITY STAKEHOLDERS REGARDING THE HEALTH NEEDS OF THE COMMUNITY. INTERVIEWS AND INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS IN THE GREATER WATERBURY AREA WERE ALSO USED TO EXPAND THE KNOWLEDGE OF THE ISSUES AFFECTING THE SERVICE AREA. SOME IF NOT MOST OF THE COMMUNITY LEADERS THAT WERE INVOLVED IN DISCUSSIONS GREW UP IN THE AREA AND REPRESENTED BROAD INTERESTS IN OUR COMMUNITY INCLUDING: LEADERS OF MEDICALLY UNDERSERVED AND LOW-INCOME POPULATIONS, PERSONS WITH EXPERTISE OR SPECIAL KNOWLEDGE IN PUBLIC HEALTH, AND PERSONS WHO LEAD LOCAL HEALTH AGENCIES. IN ADDITION, A COMPREHENSIVE COMMUNITY EXECUTIVE MEETING WAS HELD IN JUNE 2016 AND INFORMAL DISCUSSIONS WITH KEY INFORMANTS IN REGARDS TO SAINT MARY'S SERVICE AREA WERE COMPLETED. IN ORDER TO OBTAIN QUANTITATIVE DATA, SAINT MARY'S HOSPITAL AND THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP PARTNERED WITH DATAHAVEN, A NONPROFIT PUBLIC SERVICE ORGANIZATION SPECIALIZING IN DATA COLLECTION AND INTERPRETATION. IN THE 2015 DATAHAVEN COMMUNITY HEALTH AND WELL-BEING SURVEY, DATAHAVEN, DESIGNED AND CONDUCTED A RANDOM DIGIT DIALING TELEPHONE SURVEY THAT COLLECTED INFORMATION FROM A SAMPLING OF 16,820 RESIDENTS OF ALL 169

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.

CONNECTICUT TOWNS AND SEVERAL ZIP CODES IN NEW YORK. THE TELEPHONE SURVEY QUESTIONS DERIVED FROM MANY STANDARD SURVEYS INCLUDING THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) STUDY DEVELOPED BY THE CENTERS FOR DISEASE CONTROL (CDC). THE QUESTIONS YIELDED DATA ON RESIDENTS' PERCEPTIONS OF THEIR WELL-BEING, QUALITY OF LIFE, NEIGHBORHOOD, EMPLOYMENT AND PUBLIC HEALTH. IN ADDITION TO THE DATAHAVEN SURVEY, SECONDARY DATA WERE ALSO ANALYZED AS PART OF THE CHNA.

SCHEDULE H, PART V, SECTION B, LINE 11

IN JUNE 2016, THE PARTNERSHIP HELD AN EXECUTIVE SESSION THAT INCLUDED INDIVIDUALS REPRESENTING LOCAL HEALTH AND HUMAN SERVICE AGENCIES, AREA NON-PROFIT ORGANIZATIONS, HEALTH PROVIDERS AND PUBLIC HEALTH REPRESENTATIVES. THE OBJECTIVES OF THE EXECUTIVE SESSION WERE TO REVIEW THE THREE-YEAR ACCOMPLISHMENTS OF THE PARTNERSHIP AND REVIEW COMPILED COMMUNITY HEALTH DATA TO PLAN FOR THE NEXT THREE-YEAR CYCLE.

THE RESULTS OF THE MEETING INCLUDED FOCUSING ON THE TOP FIVE PRIORITY AREAS. THE SELECTED PRIORITIES ARE (1) ACCESS TO CARE; (2) MENTAL HEALTH AND SUBSTANCE ABUSE; (3) CHRONIC DISEASE; (4) TOBACCO USE AND ASTHMA; AND (5) HEALTH COMMUNICATIONS.

THE 2016 ASSESSMENT WILL SERVE AS A STARTING POINT FOR DATA-BASED GOALS AND STRATEGIES ON HOW TO ADDRESS THE NEEDS THAT HAVE BEEN IDENTIFIED. THE HEALTH NEEDS ACKNOWLEDGED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT HAVE BE INTEGRATED INTO A THREE-YEAR COMMUNITY OUTREACH PLAN AND

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.

IMPLEMENTATION STRATEGY. BY UTILIZING EXISTING RESOURCES, STRENGTHENING PARTNERSHIPS AND CREATING INNOVATIVE PROGRAMS ON BOTH THE HOSPITAL CAMPUS AND WITHIN THE COMMUNITY, SAINT MARY'S HOSPITAL HOPES TO MAKE A POSITIVE IMPACT ON THESE IDENTIFIED NEEDS.

SCHEDULE H, PART V, SECTION B, LINE 6A & 6B

IN 2012, SAINT MARY'S HOSPITAL JOINED A TEAM OF COMMUNITY LEADERS TO FORM THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP. THE PARTNERSHIP CONSISTED OF LOCAL NON-PROFIT ORGANIZATIONS INCLUDING SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL, THE WATERBURY DEPARTMENT OF PUBLIC HEALTH, THE CITY OF WATERBURY, THE STAYWELL HEALTH CENTER, THE CONNECTICUT COMMUNITY FOUNDATION, THE UNITED WAY OF GREATER WATERBURY. THE PARTNERSHIP COMMISSIONED AN EXTENSIVE STUDY OF THE HEALTH NEEDS AND PRIORITIES OF THE PEOPLE OF WATERBURY AND THE SURROUNDING TOWNS, AND THE FINDINGS WERE COMPILED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT. IN 2016, AGAIN IN COLLABORATION WITH THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP, SAINT MARY'S HOSPITAL LED A COMPREHENSIVE STUDY OF THE HEALTH NEEDS AND PRIORITIES OF AREA RESIDENTS IN PREPARATION FOR THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT. SINCE ITS INCEPTION, SAINT MARY'S HAS CONTINUED TO FULLY PARTICIPATE IN THE GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP, WHICH CREATES OPPORTUNITIES FOR COLLECTIVE IMPACT, FOSTERS GREATER COLLABORATION COMMUNITYWIDE, AND HELPS MAKE BETTER USE OF RESOURCES BY ELIMINATING DUPLICATION OF EFFORT WHEREVER POSSIBLE.

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.

SCHEDULE H, PART V, SECTION B, LINE 22D

FREE CARE IS PROVIDED FOR UNINSURED INDIVIDUALS WHOSE INCOME IS BELOW 200% OF THE FEDERAL POVERTY INCOME LEVELS. FOR SELF-PAY ACCOUNTS WHOSE INCOME ARE BETWEEN 200% AND 400% OF THE FEDERAL POVERTY INCOME LEVELS, SAINT MARY'S WILL REDUCE THEIR BILL BY SLIDING SCALE DISCOUNT FOR AN ADDITIONAL CHARITY CARE REDUCTION OF 25% OFF OF THEIR REMAINING ACCOUNT(S) BALANCE(S) FOR A TOTAL DISCOUNT OF UP TO 65%.

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? 10

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 OCCPUATION 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 ST. MARY'S HOSP. URGENT CARE - CHESHIRE 1154 HIGHLAND AVE CHESHIRE CT 06410	LAB, RADIOLOGY, URGENT CARE
10 ST. MARY'S MEDICAL ONCOLOGY CENTER 1075 CHASE PARKWAY WATERBURY CT 06708	ONCOLOGY

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.

SCHEDULE H, PART I, LINE 3C

OUTSTANDING PATIENT ACCOUNT BALANCES LABELED AS SELF PAY, MAY BE SENT TO AN OUTSIDE VENDOR FOR CREDIT CHECKS. PATIENTS THAT MEET CERTAIN CRITERIA WILL BE WRITTEN OFF TO CHARITY CARE.

SCHEDULE H, PART I, LINE 6A

SAINT MARY'S HOSPITAL COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") DURING THE FISCAL YEAR ENDED 9/30/2016. THE COMMUNITY HEALTH NEEDS ASSESSMENT IS ACCESSIBLE ON THE SAINT MARY'S WEBSITE AT WWW.STMH.ORG.

SCHEDULE H, 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 \$6,835,415 WAS SUBTRACTED FROM THE TOTAL EXPENSE VALUE USED TO CALCULATE THE PERCENTAGES IN PART 1, LINE 7, COLUMN (F).

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.

SCHEDULE H, 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. 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

Part VI Supplemental Information

Provide the following information.

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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 AND SERIES/RECURRING.

SCHEDULE H, PART III, LINE 4

THE REVIEW FINANCIAL STATEMENTS FOR THE 10-MONTH PERIOD ENDING JULY 31, 2016 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

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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 GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS.

SCHEDULE H, PART III, SECTION A, LINES 2 & 3

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.

SCHEDULE H, 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.

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SCHEDULE H, 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.

SCHEDULE H, PART VI, LINE 2

SAINT MARY'S WORKS WITH TRINITY HEALTH OF NEW ENGLAND TO ACCOMPLISH NATIONAL INITIATIVES TO IMPROVE HEALTH AND WELL-BEING. THIS PROCESS BEGINS EACH YEAR ON JULY 1 WITH SEVERAL KEY PRIORITIES THAT ARE STRATEGICALLY CHOSEN TO MOVE THE NEEDLE ON HEALTH AND WELL-BEING ACROSS TRINITY HEALTH HOSPITAL SYSTEM'S COMMUNITIES. THESE INITIATIVES DEPLOY

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MEASURABLE STRATEGIES THAT GO ABOVE AND BEYOND WHAT IS IDENTIFIED IN THE
CHNA AND ADDRESS MANY UNMET NEEDS.

SAINT MARY'S HOSPITAL INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN
DESIGNED TO MEET THE LONG-STANDING NEEDS OF INDIVIDUALS LIVING IN THE
SERVICE AREA. TO IDENTIFY NEED, SAINT MARY'S HAS RELIED ON EXISTING LOCAL
AND REGIONAL NEEDS ASSESSMENTS INCLUDING: UNITED WAY'S TEN-YEAR PLAN TO
END HOMELESSNESS (2013); THE CENTERS FOR DISEASE CONTROL AND PREVENTION
BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (2015); CONNECTICUT DEPARTMENT
OF PUBLIC HEALTH STATE HEALTH ASSESSMENT (2014); 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
DATABASES AS WELL AS DEMOGRAPHIC REPORTS AVAILABLE THROUGH CLARITAS
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SCHEDULE H, 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 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).

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PATIENT FINANCIAL AID SAINT MARY'S HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR THE HOSPITAL'S "BED FUND" OR OTHER 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.

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SCHEDULE H, 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 168,000. THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 153,000. THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$40,467, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$70,000.

THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IN SEPTEMBER 2016 WAS 9.3%. THIS IS HIGHER THAN THE STATE OF CONNECTICUT UNEMPLOYMENT RATE OF 5.6%. OVER 30% 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, 25.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 10.5% 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.

SCHEDULE H, PART II AND PART VI, LINE 5

SAINT MARY'S COMMUNITY BUILDING ACTIVITIES INCLUDE SOME THE FOLLOWING: EMERGENCY PREPAREDNESS, BOARD SUPPORT FOR ORGANIZATIONS THAT ADDRESS SPECIFIC SOCIAL PROBLEMS SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES, INCLUDING GREATER WATERBURY HEALTH IMPROVEMENT PARTNERSHIP (GWHIP), WORKFORCE DEVELOPMENT AND RECRUITING TO MINORITIES AND DIVERSE LANGUAGES, PARTICIPATION IN SEVERAL CONNECTICUT HOSPITAL ASSOCIATION (CHA) COLLABORATIVE EFFORTS, UNITED WAY OF GREATER WATERBURY DAY OF ACTION, AND PUBLIC COMMUNITY LANDSCAPING. THESE ACTIVITIES PROMOTE HEALTH IN MANY WAYS. THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE GO ABOVE AND BEYOND WHAT IS REQUIRED OF THEM HELPS TO PREPARE OUR STAFF AND

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COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC) IN THE EVENT THAT A LOCAL DISASTER WOULD OCCUR. A VARIETY OF SAINT MARY'S HOSPITAL STAFF ADVOCATE FOR 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.

SCHEDULE H, PART II AND PART VI, LINE 5 (CONT.)

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.

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AN EXAMPLE OF ONE OF THE SEVERAL SAINT MARY'S MANY COMMUNITY BENEFIT SERVICES INCLUDE THE EARLY DETECTION AND WISEWOMAN PROGRAM FOR BREAST, CERVICAL, AND COLORECTAL CANCER. AS THE ONLY HOSPITAL IN WATERBURY OFFERING THIS PROGRAM, IT HAS ASSISTED AND SCREENED MORE THAN 3,200 UNINSURED OR UNDERINSURED WOMEN AND MEN SINCE THE PROGRAM BEGAN IN 1995. PATIENTS RECEIVE FREE SCREENING AND DIAGNOSTIC SERVICES AND WORK DIRECTLY WITH A NURSE CASE MANAGER TO ADDRESS BARRIERS TO CARE IF FACED WITH A HIGH RISK OR CANCER DIAGNOSIS. TO DATE, OVER 75 WOMEN HAVE BEEN DIAGNOSED WITH BREAST OR CERVICAL CANCER THROUGH OUR PROGRAM. THESE WOMEN HAVE RECEIVED APPROPRIATE AND TIMELY FOLLOW-UP CARE AND TREATMENT. AFTER OVER TWO DECADES OF SERVICE, THE EARLY DETECTION PROGRAM CONTINUES TO IMPACT THE LIVES OF WOMEN AND THEIR FAMILIES. THE PROGRAM IS OFFERED THROUGH THE SAINT MARY'S FAMILY HEALTH CENTER.

OTHER EXAMPLES OF SAINT MARY'S COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE SUPPORT GROUPS THAT ARE HOSTED AND SUPPORTED BY THE HOSPITAL. THE BARIATRIC SUPPORT GROUP AT SAINT MARY'S IS HELD ON A MONTHLY BASIS AND TYPICALLY ASSISTS 40 PATIENTS PER MONTH TO PROVIDE PROFESSIONAL,

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COMPASSIONATE SUPPORT BEFORE, DURING AND AFTER PATIENTS WEIGHT LOSS SURGERY.

IN ADDITION, SAINT MARY'S HAS JOINED THE SPIRIT OF WOMEN NETWORK, A NATIONAL ORGANIZATION WHICH ENGAGES, EDUCATES, AND MOTIVATES WOMEN TO TAKE ACTION FOR BETTER HEALTH FOR THEMSELVES AND THEIR FAMILIES THROUGH INSPIRING EXPERIENCES, EVENTS, AND HEALTHCARE COMMUNICATIONS. SINCE THE PROGRAMS INCEPTION IN 2015, MORE THAN 1,300 WOMEN ATTENDED FIVE EVENTS THAT WERE HELD AT LOCAL COMMUNITY VENUES.

IN ADDITION, ONE OF THE PROGRAMS THAT HAS HAD AN INCREDIBLE IMPACT IS CALLED THE PUMP CLUB (WHICH STANDS FOR PRESERVING UTMOST MUSCLE POWER), AN INITIATIVE STARTED BY THE AMERICAN COLLEGE OF CARDIOLOGY'S PATIENT NAVIGATOR PROGRAM. THIS PROGRAM HELPS CARDIAC PATIENTS OVERCOME CHALLENGES IN THE WEEKS FOLLOWING THEIR HOSPITAL DISCHARGE AND HELPS THEM AVOID READMISSION. PUMP CLUB MEMBERS COME TO THE HOSPITAL FOR POST-DISCHARGE EDUCATION, HELP MANAGING THEIR MEDICATIONS, IV THERAPY, AND OTHER TREATMENT. DURING EACH VISIT, THE STAFF GO BEYOND THE CLINICAL

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NEEDS OF PATIENTS TO ADDRESS THEIR SOCIOECONOMIC NEEDS AND ELIMINATE BARRIERS TO CARE. WITHOUT THE PUMP CLUB, MANY PATIENTS WOULD STRUGGLE TO MANAGE THEIR HEART FAILURE AND INEVITABLY SEEK CARE IN THE EMERGENCY DEPARTMENT. WITH OVER 60 MEMBERS, THE TEAM HAS ESTABLISHED AND MAINTAINS A FRAMEWORK TO KEEP ITS MEMBERS AS HEALTHY AND STABLE AS POSSIBLE. IN ADDITION TO THESE PROGRAMS SAINT MARY'S ALSO HAS SUCCESSFUL PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE GREATER WATERBURY UNITED WAY, WELLMORE 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 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, EXTENDING ITS REACH.

IN THE PAST, SAINT MARY'S FAMILY HEALTH CENTER HAS BEEN RECOGNIZED BY THE

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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 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 FAMILY HEALTH CENTER, LITCHFIELD COUNTY PEDIATRICS IN TORRINGTON, PEDIATRIC ASSOCIATES OF WESTERN CONNECTICUT, PEDIATRIC ASSOCIATES OF CONNECTICUT 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

Provide the following 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, PHYSICIAN ASSISTANTS (PA),

OCCUPATIONAL, SPEECH AND PHYSICAL THERAPISTS, RADIOLOGY TECHNOLOGISTS AND

MORE.

SUBSIDIZED SERVICES: SMH PROVIDES HEALTH SERVICES TO PATIENTS WITH NO

INSURANCE OR STATE INSURANCE INCLUDING EMERGENCY SERVICES AND BEHAVIORAL

HEALTH CLINICS.

Part VI Supplemental Information

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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.

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

Part VI Supplemental Information

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RESPOND READILY TO INJURED WORKERS, THE HOSPITAL HAS EVOLVED INTO A DIVERSE HEALTH SYSTEM THAT CONTINUES TO GROW. IN THE FISCAL YEAR ENDING 9/30/2016, SAINT MARY'S HOSPITAL AFFILIATED WITH TRINITY HEALTH OF NEW ENGLAND AND ITS PARENT, TRINITY HEALTH, ONE OF THE LARGEST HEALTH CARE SYSTEMS IN THE NATION. TRINITY HEALTH WAS BORN NEARLY 170 YEARS AGO AND NOW COMPRISES SOME 93 HOSPITALS AND 120 CONTINUING CARE FACILITIES, AS WELL AS HOME CARE AGENCIES AND OUTPATIENT CENTERS IN 22 STATES. TRINITY HEALTH'S MISSION AND VALUES, AND LONGTIME DEDICATION TO SERVICE, MATCH OUR OWN. OUR TRADITION OF OUTREACH TO THE COMMUNITY HAS SHAPED OUR COMMUNITY BENEFIT MINISTRY, BUT OUR APPROACH IS ALSO DUE TO OUR INCREASING AWARENESS THAT A HEALTH CARE SYSTEM'S SUCCESS IS INEXTRICABLY TIED TO CONDITIONS BEYOND THE WALLS OF THE HOSPITAL. TO REACH PEAK EFFECTIVENESS, TO ACHIEVE THE GREATEST GOOD FOR THE GREATEST NUMBER OF PEOPLE OF EVERY SOCIO ECONOMIC STATUS, OUR EFFORTS MUST REACH BROADLY AND DEEPLY INTO THE COMMUNITY ITSELF, REMOVING AS MANY BARRIERS TO HEALTH AND HEALTH CARE AS WE CAN. WE WILL ALWAYS FOCUS ON ACCESS TO HEALTH CARE AND HEALTH SERVICES, AND WE WILL STRIVE FOR THE VERY BEST HEALTH OUTCOMES POSSIBLE. BUT WE HAVE REDEFINED AND BROADENED THE TERM, SO THAT MANY OF

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THE COMMUNITY BENEFIT SERVICES WE PROVIDE TAKE PLACE OUTSIDE THE
HOSPITAL'S WALLS AND FOCUS ON OUTREACH.

SAINT MARY'S 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
CANCER CENTER PROMOTES CANCER AWARENESS AND SUPPORT FOR PATIENTS THROUGH
SUPPORT GROUPS, SCREENINGS AND COMMUNITY EDUCATION.

Part VI Supplemental Information

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SAINT MARY'S HOSPITAL FOUNDATION IS A 501(C)(3) ORGANIZATION. 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 FAMILY HEALTH CENTER 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.

SCHEDULE H, PART VI, LINE 7

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