

Introduction to the IRS Form 990 Schedule H

As a not-for-profit hospital, we operate for one purpose: to further our healing ministry. We do this by:

- Reinvesting our profits back into the communities through various programs and services
- Making sure that care is available to everyone — regardless of his or her ability to pay.
- Using compassion as the cornerstone our work to improve the health of our communities. Patients and their families are always treated as people first — attending to the needs of the whole person — body, mind, and spirit.
- Providing a range of special benefits to the community, such as programs to manage care for persons with chronic diseases, health education and disease prevention initiatives, outreach for the elderly, and care for persons who are poor or uninsured.

The IRS grants us tax exemption as a “charitable, community-oriented organization.” Without this status, we could not continue to deliver the same level of community benefits that are so important and necessary.

The federal government recently ruled that health care entities like ours report their community benefit programs. This includes a wide array of activities and services that need to be categorized and explained – in detail – on the following IRS form called “990 Schedule H.” This document requires us to report information on:

- Charity care (financial assistance) and other community benefits
- Community building activities
- Medicare, bad debt and collection practices
- Management companies and joint ventures
- Facilities comprising the organization

The following terms and definitions will help you better understand each section of the report. Should you choose to not print the document, you can also hover your computer’s mouse over the terms for a brief definition.

PART I: Charity Care and Certain Other Community Benefit at Cost

1a Charity Care Policy: A Trinity Health Ministry Organization's designated procedure/methodology for classifying patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. Care is then provided without charge, or at amounts less than the established rates. Because Trinity Health does not pursue collection of amounts determined to qualify for charity care, they are not reported as net patient service revenue in the consolidated statements of operations and changes in net assets. The cost of charity care is calculated using a cost-to-charge ratio methodology.

3 Charity Care Eligibility: A patient's ability to meet Trinity Health-specified qualifications/criteria to receive financial assistance for medical care, based on the Ministry Organization's official Charity Care Policy.

3a Federal Poverty Guidelines (FPGs): Issued annually by the Department of Health and Human Services (HHS). FPGs are a simplification of the government's designated "federal poverty thresholds," which are highly statistical to calculate the number of Americans living in poverty each year. FPGs are more administrative, and help determine financial eligibility for certain federal programs. The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

4 Medically indigent: Persons whom the organization has determined are unable to pay some or all of their medical bills because the bills exceed a certain percentage of their family income and/or assets (e.g., due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the organization's Charity Care Policy.

6a annual community benefit report: Published each fall within Trinity Health's Annual Report, this is a detailed account of all costs associated with dedicated staff, community health needs and/or asset assessments, as well as other costs associated with community benefit strategy and operations.

7a Charity care at cost: Free or discounted health care services provided to persons who meet the organization's criteria for financial assistance and are therefore deemed unable to pay for all or a portion of such services.

7b Unreimbursed Medicaid: When Medicaid, a state health care program for qualifying low-income residents, does not reimburse Trinity Health for the full cost of health care services provided to patients. Trinity Health then "absorbs" these costs at a financial loss.

7c Unreimbursed costs – Other means-tested government programs: Government programs for which eligibility for benefits or coverage is determined by the recipient's income or asset level. (e.g., The State Children's Health Insurance Program (SCHIP) is a means-tested government program.)

7e Community health improvement services and community benefit operations:

The activities to be reported on this line are two different categories of activities:

1. **Community health improvement services:** Activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include free clinic services, programs directed at improving women's health, free or low cost prescription medications, and rural and urban outreach programs. The Ministry Organization actively collaborates with community groups and agencies to assist those in need in providing such services.
2. **Community Benefit Operations:** Costs associated with dedicated staff, community health needs and or assets assessments, and other costs associated with community benefit strategy and operations.

7f Health professions education: Programs that result in a degree, certificate, or training that is necessary to be licensed to practice as a health professional, as required by state law; or continuing education that is necessary to retain state license or certification by a board in the individual's health profession specialty.

7g Subsidized health services: Clinical services that are provided, despite a financial loss to the organization. The financial loss is measured after removing losses, measured by cost, associated with bad debt, charity care, Medicaid and other means-tested government programs. Despite the financial loss, the service is provided because:

1. It meets an identified community need, such as providing needed access to care for low-income individuals
2. If the service were no longer offered, access to health services would be impaired, or
3. Providing the service would become the responsibility of government or another tax-exempt organization.

7h Research: Any study or investigation of which the goal is to generate generalized knowledge made available to the public, such as knowledge about:

1. Underlying biological mechanisms of health and disease, natural processes or principles affecting health or illness;
2. Evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols;
3. Laboratory based studies; epidemiology, health outcomes and effectiveness
4. Behavioral or sociological studies related to health, delivery of care, or prevention
5. Studies related to changes in the health care delivery system; and
6. Communication of findings and observations (including publication in a medical journal)

This category only includes research internally funded or research funded by a tax-exempt or government entity.

7i Cash and in-kind contributions to community groups: Cash contributions made to entities and community groups that share the organization's goals and mission. In-kind contributions include the cost of hours donated by staff to the community while on the organization's payroll, indirect cost of space donated to tax-exempt community groups (such as for meetings), and the financial value of donated food, equipment, and supplies.

PART II Community Building Activities Community Building activities include programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the health care organization.

1. **Physical improvements and housing** (Examples include: Community gardens; neighborhood improvement and revitalization projects; contributions to community-based assisted living and senior and low-income housing projects)
2. **Economic development** (Examples include: Assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness; participation in an economic/labor development council; chamber of commerce or Rotary Club)
3. **Community support** (Examples include: Childcare and mentoring programs for vulnerable populations or neighborhoods; neighborhood support groups; violence prevention programs; disaster readiness and public health emergency activities)
4. **Environmental improvements** (Examples include: Efforts to reduce community environmental hazards in the air; water and ground; residential improvements; such as helping to paint public housing apartments; or lead/radon programs; Neighborhood/community improvements; Adopt-a-Road)
5. **Leadership development and training for community members** (Examples include: Life or civic skills training programs; medical interpreter training for community members; community leadership development; cultural skills training)
6. **Coalition building** (Examples include: Hospital representation to community coalitions related to community health; Disease management programs; Collaborative partnerships with community groups to improve community health)
7. **Community health improvement advocacy** (Examples include: Local, state and national advocacy on behalf of such areas as: access to health care, public health, transportation, housing; Advocacy for social justice and human rights, including costs associated with advocating for social justice, environmental responsibility and human rights, such as fair treatment to workers)
8. **Workforce development** These programs address community-wide workforce issues — not the workforce needs of the health care organization. (Examples include: Physician/other health professional recruitment for areas identified by the government as medically underserved; Partnerships with community colleges and universities to address the health care workforce shortage; School-based programs on health care careers; Health care career mentoring projects)

Part VI: Supplemental Information

2 Needs assessment Trinity Health's designated evaluation process that involves the hospital assessing the health care needs of the community it serves by periodically

consolidating data and perspectives about the health and social needs of the community. The assessment data assists in the development of a plan for the entire community, with a linkage between the organization's mission and strategic plan, with special attention given to those most in need. A needs assessment is performed by the hospital in partnership with the community, or as a result of other agencies (e.g. public health or private such as United Way). If the hospital cannot perform the assessment, an outside vendor conducts it, then supplies the results.

3 Patient education of eligibility for assistance 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 charity care policy.

4 Community information Describes the geographic area (e.g., urban, suburban, rural), the demographics of the community or communities (e.g., population, average income, percentages of community residents with incomes below the federal poverty guideline, percentage of the hospital's and community's patients who are uninsured or Medicaid recipients), the number of other hospitals serving the community or communities, and whether one or more federally-designated medically underserved areas or populations are present in the community.

5 Community building activities Includes programs that address the root causes of health problems, such as poverty, homelessness and environmental problems. They support community assets by offering the expertise and resources of the health care organization.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **TRINITY HEALTH - MICHIGAN** Employer identification number **38-2113393**

Part I Charity Care and Certain Other Community Benefits at Cost

	Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
1b If "Yes," is it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input checked="" type="checkbox"/> Generally tailored to individual hospitals		
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is 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 _____ %	<input checked="" type="checkbox"/>	
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
6a Does the organization prepare an annual community benefit report?	<input checked="" type="checkbox"/>	
b If "Yes," does the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care 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 Charity care at cost (from Worksheets 1 and 2)	5	11,018	14586401.		14586401.	1.42%
b Unreimbursed Medicaid (from Worksheet 3, column a)	5	73,319	72779482.	46924018.	25855464.	2.52%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)	1	88,238	6778504.		6778504.	.66%
d Total Charity Care and Means-Tested Government Programs	11	172,575	94144387.	46924018.	47220369.	4.60%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	85	103,352	2709800.	266,138.	2443662.	.24%
f Health professions education (from Worksheet 5)	22	2,107	35808335.	15262672.	20545663.	2.01%
g Subsidized health services (from Worksheet 6)	12	34,350	5000135.	1449529.	3550606.	.35%
h Research (from Worksheet 7)	2	20	5427456.		5427456.	.53%
i Cash and in-kind contributions to community groups (from Worksheet 8)	21	3,216	308,154.	107,568.	200,586.	.02%
j Total. Other Benefits	142	143,045	49253880.	17085907.	32167973.	3.15%
k Total. Add lines 7d and 7j	153	315,620	143398267.	64009925.	79388342.	7.75%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(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	1		5,004.		5,004.	.00%
2 Economic development	1		1,307.		1,307.	.00%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	3	145	6,763.		6,763.	.00%
7 Community health improvement advocacy	1	3	1,566.		1,566.	.00%
8 Workforce development	2	264	26,210.		26,210.	.00%
9 Other						
10 Total	8	412	40,850.		40,850.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Does 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 (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	307,351,042.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	303,898,386.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	3,452,656.
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 Does the organization have a written debt collection policy?	9a	X
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures

(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 CCH LABORATORY	LABORATORY SERVICES	50.00%		50.00%
2 WOODLAND IMAGING				
3 CENTER, LLC DBA				
4 AVANT IMAGING	IMAGING SERVICES	51.00%		49.00%
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
SAINT JOSEPH MERCY HOSPITAL 5301 MCAULEY DR YPSILANTI, MI 48197	X	X		X			X		
SAINT JOSEPH MERCY LIVINGSTON HOSPITAL 620 BYRON RD HOWELL, MI 48843	X	X		X			X		
SAINT JOSEPH MERCY SALINE HOSPITAL 400 RUSSELL ST SALINE, MI 48176	X	X					X		
CHELSEA COMMUNITY HOSPITAL 775 S MAIN CHELSEA, MI 48118	X	X					X		
DIAGNOSTIC SERVICES CENTER 202 E VAN RIPER RD FOWLerville, MI 48836									LAB, IMAGING
ST. JOSEPH MERCY CHEMICAL DEPENDENT SERV 2008 HOGBACK RD ANN ARBOR, MI 48105									BEHAVIORAL MEDICINE
SJMHS OUTPATIENT CLINIC 2310 E STADIUM BLVD ANN ARBOR, MI 48104									REHAB
PARKWAY MEDICAL CENTER 2345 S HURON PKWY ANN ARBOR, MI 48104									LAB
ST. JOSEPH MERCY MAPLE HEALTH BUILDING 501 N MAPLE RD ANN ARBOR, MI 48103									URGENT CARE
SLEEP DISORDERS CENTER 5305 ELLIOTT DR YPSILANTI, MI 48197									SLEEP CLINIC
HURON OAKS 5401 MCAULEY DR YPSILANTI, MI 48197									BEHAVIORAL MEDICINE
SENIOR HEALTH BUILDING 5361 MCAULEY DR YPSILANTI, MI 48197									NURSING HOME, EMPLOYED PHYS.
ARBOR SCIO PROFESSIONAL BUILDING 6360 JACKSON RD ANN ARBOR, MI 48103									LAB
HURON PROFESSIONAL BUILDING 704 W HURON ST ANN ARBOR, MI 48103									LAB
SUMMERWOOD CENTER 10299 E GRAND RIVER BRIGHTON, MI 48116									BEHAVIORAL MEDICINE
GENOA MEDICAL CENTER 2305 GENOA BUSINESS PARK DR BRIGHTON, MI 48114									LAB, IMAGING

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST. JOSEPH MERCY WOODLAND HEALTH CENTER 7575 GRAND RIVER RD BRIGHTON, MI 48114									LAB, IMAGING, URG CARE, THERAPY
ST. JOSEPH MERCY WOODLAND HEALTH CNTR, C 7575 GRAND RIVER RD BRIGHTON, MI 48114									EMPLOYED PHYSICIANS
MCAULEY HEALTH BUILDING 1600 CANTON CENTER RD CANTON, MI 48188									LAB, URGENT CARE
ST. JOSEPH MERCY BEHAVIORAL SERVICES 2200 CANTON CENTER RD CANTON, MI 48188									BEHAVIORAL MEDICINE
CHELSEA PROFESSIONAL OFFICE BUILDING 14650 OLD US 12 CHELSEA, MI 48118									WOMEN'S HEALTH, IMAGING
CHELSEA HEALTH & WELLNESS CENTER 20800 OLD US 12 CHELSEA, MI 48118									REHAB
MONUMENT PARK BUILDING 8031 MAIN ST DEXTER, MI 48130									EMPLOYED PHYSICIANS
DUNDEE FAMILY CARE 119 WATERSTRADT COMMERCE DR DUNDEE, MI 48131									PRIMARY CARE
HARTLAND FAMILY CARE 10850 HIGHLAND RD HARTLAND, MI 48353									PRIMARY CARE
LIVINGSTON OB/GYN ASSOCIATES 524 BYRON RD HOWELL, MI 48843									WOMEN'S HEALTH
ARBOR HEALTH BUILDING 990 W ANN ARBOR TRAIL PLYMOUTH, MI 48170									LAB
SALINE ADULT & PEDIATRIC MEDICINE 182 S INDUSTRIAL DR SALINE, MI 48176									EMPLOYED PHYSICIANS
FAMILY MEDICINE OF STOCKBRIDGE 4525 S M-52 STOCKBRIDGE, MI 49285									EMPLOYED PHYSICIANS
HAAB BUILDING 111 N HURON ST YPSILANTI, MI 48197									EMPLOYED PHYSICIANS
ARBOR PARK CENTRE 4972 CLARK RD YPSILANTI, MI 48197									LAB
MICHIGAN ORTHOPEDIC CENTER 5315 ELLIOTT DR YPSILANTI, MI 48197									ORTHOPEDIC CARE

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A: SAINT JOSEPH MERCY HEALTH SYSTEM (SJMHS) REPORTS ITS
COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY
BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT,
AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAINT JOSEPH MERCY HEALTH SYSTEM INCLUDES A COPY OF ITS MOST
RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S
WEBSITE.

PART I, LINE 7: THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE
COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL
CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE
RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE
RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES.
IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE
HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LINE 7F: THE FOLLOWING NUMBER, \$46,232,394, REPRESENTS THE
AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM
990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED
FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR

Part VI Supplemental Information

SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART III, LINE 4: SAINT JOSEPH MERCY HEALTH SYSTEM IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM THOSE STATEMENTS: "SUBSTANTIALLY ALL OF THE CORPORATION'S RECEIVABLES ARE RELATED TO PROVIDING HEALTHCARE SERVICES TO PATIENTS. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE. THE CORPORATION'S ESTIMATE FOR ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS BY PAYOR."

COSTING METHODOLOGY FOR LINES 2 AND 3: AMOUNTS ARE CALCULATED ON LINE 2 USING A COST TO CHARGE RATIO METHODOLOGY.

ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE TRANSACTIONS.

OTHER BAD DEBTS INCLUDED IN COMMUNITY BENEFIT ARE BASED ON THE NUMBER OF ACCOUNTS THAT OUR COLLECTION AGENCY (NCO) DOES MINIMAL COLLECTION ACTIVITY ON, BECAUSE THEY DETERMINED THEM NOT LIKELY FOR COLLECTIONS.

PART III, LINE 8: SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTHCARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK

Part VI Supplemental Information

ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES, SAINT JOSEPH MERCY HEALTH SYSTEM DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT.

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

PART III, LINE 9B: THE ORGANIZATION'S COLLECTION POLICY CONTAINS THE CRITERIA FOR FINANCIAL ASSISTANCE, AND CONTAINS THE FOLLOWING VERBIAGE FOR ARRANGEMENTS WITH OUTSIDE COLLECTION AGENCIES: THE AGREEMENT MUST DEFINE THE STANDARDS AND SCOPE OF PRACTICES TO BE USED BY OUTSIDE COLLECTION AGENTS ACTING ON BEHALF OF SJMHS, ALL OF WHICH MUST BE IN COMPLIANCE WITH THIS POLICY.

PART VI, LINE 2: NEEDS ASSESSMENT - SAINT JOSEPH MERCY HEALTH SYSTEM ASSESSES THE HEALTH NEEDS OF THE COMMUNITY THROUGH COMMUNITY NEEDS ASSESSMENTS EVERY THREE YEARS. A COMMUNITY NEEDS ASSESSMENT IS A POINT-IN-TIME EFFORT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY. IT SERVES AS THE BASIS FOR SJMHS' STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH

Part VI Supplemental Information

OTHER COMMUNITY HEALTHCARE PROVIDERS. A COMMUNITY NEEDS ASSESSMENT ALSO SERVES AS A BENCHMARK FOR FUTURE ASSESSMENT OF RELATIVE PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES.

THE SJMHS COMMUNITY NEEDS ASSESSMENT PROVIDES THE OPPORTUNITY TO:

- GAIN INSIGHTS INTO THE NEEDS AND ASSETS OF THE COMMUNITIES SERVED
- IDENTIFY AND ADDRESS THE NEEDS OF VULNERABLE POPULATIONS WITHIN THE COMMUNITY

- ENHANCE HOSPITAL/COMMUNITY RELATIONSHIPS AND THE OPPORTUNITY FOR COLLABORATIVE COMMUNITY ACTION, INCLUDING INVOLVEMENT WITH COALITIONS, PARTNERSHIPS, BOARDS, COMMITTEES, COMMISSIONS, ADVISORY GROUPS AND PANELS
- PROVIDE THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING

THE SJMHS COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE GATHERING OF TWO TYPES OF DATA: QUANTITATIVE (DEMOGRAPHICS, HEALTH INDICATORS, ETC.) AND QUALITATIVE (PUBLIC SURVEYS, FORUMS, FOCUS GROUPS). THE DATA HELPS SUPPORT SHORT-TERM AND LONG-TERM DECISIONS ABOUT ALLOCATION OF COMMUNITY HUMAN AND CAPITAL RESOURCES.

THE SAINT JOSEPH MERCY HEALTH SYSTEM COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF MAY 2008. THE COMMUNITY NEEDS ASSESSMENT WAS CONTRACTED WITH THE NATIONAL RESEARCH CORPORATION OF LINCOLN, NEBRASKA.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SJMHS IS COMMITTED TO:

- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES

Part VI Supplemental Information

- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
 - ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY
 RECEIVE

- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER
 FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE
 QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AHA RECOMMENDATIONS, SJMHS HAS ADOPTED THE FOLLOWING
 GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL
 SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
 - MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE
 FINANCIAL SUPPORT PROGRAMS

- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
 - IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT
 MANNER

- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL
 PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

SAINT JOSEPH MERCY HEALTH SYSTEM COMMUNICATES WITH PATIENTS REGARDING
 PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS
 ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON
 HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT
 PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE
 PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS
 WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

SJMHS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS

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SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH MESSAGING INCLUDED ON PATIENT BILLS, NOTICES AND SIGNS IN THE ADMITTING AND REGISTRATION AREAS, INCLUDING EMERGENCY ROOMS AND URGENT CARE FACILITIES, AND RECEPTION/CHECK-IN AREAS IN OTHER CLINICAL AREAS. PATIENT BROCHURES DESCRIBING FINANCIAL COUNSELING SERVICES ARE AVAILABLE IN THESE AREAS AS WELL AS OTHER PUBLIC SPACES.

PATIENTS MAY BE REFERRED TO SPEAK WITH OR MEET WITH FINANCIAL COUNSELORS PRIOR TO SERVICE, DURING AN INPATIENT ADMISSION, OR AFTER SERVICE. IN ADDITION TO REGISTRATION AND BILLING OFFICE STAFF, PHYSICIANS, NURSES AND SOCIAL WORKERS MAY REFER PATIENTS FOR FINANCIAL COUNSELING. COUNSELORS PROVIDE INFORMATION AND ASSISTANCE REGARDING PAYMENT ARRANGEMENTS, PROGRAM ELIGIBILITY AND APPLICATION/ENROLLMENT PROCEDURES. COUNSELORS ARE LOCATED ON THE SAINT JOSEPH LIVINGSTON AND SAINT JOSEPH ANN ARBOR CAMPUSES AND IN THE NEIGHBORHOOD HEALTH CLINIC. AS NEEDED, FINANCIAL COUNSELORS TRAVEL TO OTHER SJMHS SITES TO MEET WITH PATIENTS.

FINANCIAL COUNSELORS ASSIST PATIENTS IN APPLYING FOR PUBLIC AND PRIVATE PROGRAMS THAT MAY HELP THEM OBTAIN AND PAY FOR HEALTHCARE SERVICES. SJMHS UTILIZES INDEPENDENT MEDICAL NETWORKS (IMN) TO ASSIST IN COMPLETING THE ELIGIBILITY AND ENROLLMENT PROCESS. IMN PROVIDES FOLLOW UP WITH COMMUNITY AGENCIES TO COMPLETE THE ENROLLMENT/APPROVAL PROCESSING FOR THESE PATIENTS.

EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL

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SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY OR POST TREATMENT.

THE FOLLOWING PROGRAMS ARE MADE AVAILABLE TO PATIENTS:

- MEDICAID ENROLLMENT
- WASHTENAW HEALTH PLAN
- LIVINGSTON COUNTY HEALTH PLAN
- CATHOLIC SOCIAL SERVICES
- HOPE CLINIC ENROLLMENT

INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE IN PATIENT HANDBOOKS PROVIDED TO ALL PATIENTS UPON ADMISSION, THE SJMHS TELEVISION NETWORK (ON HOSPITAL ROOM TELEVISIONS), AND ON THE SJMHS WEBSITE. USING THE SJMHS WEBSITE, PATIENTS MAY SUBMIT AN INQUIRY OR REQUEST FOR ASSISTANCE THROUGH THE PATIENT FINANCIAL SERVICES PAGE. THESE INQUIRIES ARE FIELDDED BY COUNSELORS WHO CONTACT THE PATIENT. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH.

SJMHS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SJMHS MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. SJMHS EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES, WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES.

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PART VI, LINE 4: COMMUNITY INFORMATION - SAINT JOSEPH MERCY HEALTH SYSTEM IS A SUBURBAN HEALTH CARE NETWORK SERVING WASHTENAW, LIVINGSTON, EASTERN JACKSON, LENAWEE, MONROE, WESTERN WAYNE AND SOUTHWESTERN OAKLAND COUNTIES. SJMHS SPECIALIZES IN CANCER, CARDIOVASCULAR, ORTHOPEDICS, NEUROSCIENCES, AND WOMEN AND CHILDREN'S HEALTH. IT ALSO OFFERS TREATMENT AND CARE IN EMERGENCY SERVICES, SURGERY, ENDOSCOPY, RADIOLOGY, AND HOME CARE/HOSPICE.

THE SJMHS HEALTH CARE NETWORK INCLUDES FIVE HOSPITALS: ST. JOSEPH MERCY ANN ARBOR, ST. MARY MERCY LIVONIA, ST. JOSEPH MERCY SALINE, CHELSEA COMMUNITY HOSPITAL, AND ST. JOSEPH MERCY LIVINGSTON IN HOWELL. COMBINED, THESE HOSPITALS ARE LICENSED FOR 1,164 INPATIENT BEDS. IN ADDITION, SJMHS HAS TWO MAJOR OUTPATIENT CENTERS: ST. JOSEPH MERCY CANTON HEALTH CENTER AND ST. JOSEPH MERCY WOODLAND HEALTH CENTER IN BRIGHTON. THE HEALTH SYSTEM ALSO INCLUDES THREE URGENT CARE FACILITIES LOCATED IN THE ST. JOSEPH MERCY CANTON HEALTH CENTER, THE ST. JOSEPH MERCY WOODLAND HEALTH CENTER, AND THE ST. JOSEPH MERCY MAPLE HEALTH BUILDING IN ANN ARBOR.

SINCE 1955, SAINT JOSEPH MERCY HEALTH SYSTEM HAS BEEN RECOGNIZED AS A MAJOR TEACHING HOSPITAL, PROVIDING MEDICAL EDUCATION AND CLINICAL RESEARCH IN A PATIENT CARE SETTING. SJMHS ALSO SPONSORS THE SAINT JOSEPH MEDICAL GROUP, WHICH CONSISTS OF PHYSICIAN PRACTICES LOCATED THROUGHOUT THEIR SERVICE AREA. THESE PRACTICES INCLUDE INTERNAL MEDICINE, PEDIATRICS, OBSTETRICS AND GYNECOLOGY, SENIOR HEALTH AND FAMILY SERVICES.

BASED ON 2009 DATA, THE AVERAGE HOUSEHOLD INCOME IN THE SJMHS SERVICES AREA IS \$76,277 COMPARED TO THE AVERAGE FOR THE UNITED STATES OF \$69,376.

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THIRTEEN PERCENT OF THE SERVICE AREA'S POPULATION IS BELOW FEDERAL POVERTY GUIDELINES. ABOUT 10% OF THE SERVICE AREA POPULATION RECEIVES MEDICAID OR OTHER ASSISTANCE, WHILE 13% ARE UNINSURED OR UNDERINSURED. THE NON-ENGLISH SPEAKING POPULATION COMPRISES 8.4% OF THE TOTAL.

THE LARGEST SEGMENT OF THE SERVICE AREA POPULATION, 30.3%, IS BETWEEN 35 AND 54 YEARS OF AGE, COMPARED TO THE NATIONAL AVERAGE OF 28.4%. CHILDREN 0-14 YEARS MAKE UP 19% OF THE TOTAL POPULATION, COMPARED TO THE NATIONAL AVERAGE OF 20.1%. THE OVER-55 POPULATION ACCOUNTS FOR 23.7% OF THE TOTAL, COMPARED TO THE NATIONAL AVERAGE OF 24.2%.

ONLY 11.8% OF THE SERVICE AREA POPULATION DOES NOT HAVE A HIGH SCHOOL EDUCATION, COMPARED TO THE NATIONAL AVERAGE OF 19.4%.

BASED ON 2009 DATA, SAINT JOSEPH MERCY HEALTH SYSTEM IS THE THIRD LARGEST EMPLOYER IN THE SERVICE AREA.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - SJMHS SERVES ON COMMUNITY TASK FORCES AND COALITIONS TO HELP ADDRESS THE NEEDS OF THE SERVICE AREA. SJMHS PARTICIPATES IN DIVERSITY COUNCILS, MINISTER ASSOCIATIONS, HEALTH COALITIONS, AND HEALTH IMPROVEMENT COUNCILS. THE HOSPITALS ALSO PROVIDE AN ARENA FOR YOUNG PEOPLE TO JOB SHADOW PROFESSIONALS IN A VARIETY OF HEALTH CAREERS.

ST. MARY MERCY LIVONIA SPECIFICALLY, HAS PARTNERED WITH OTHER ORGANIZATIONS TO ADDRESS CHILDHOOD OBESITY, HYPERTENSION AND PHYSICAL ACTIVITY FOR SENIORS, ACCESS TO HEALTHCARE ADVOCACY AND HEALTHCARE EDUCATION:

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PARTNERING WITH THE WESTLAND MALL, ST. MARY MERCY LIVONIA SPONSORED THE CHILDREN'S PLAYScape AND WALKING CLUB. THE MALL SOUGHT A HOSPITAL SPONSOR FOR THESE TWO ACTIVITIES AS PART OF THEIR INITIATIVE TO IMPROVE THE PHYSICAL ACTIVITY OF CHILDREN AND SENIORS. WALKING CLUB MEMBERS WERE PROVIDED WITH MONTHLY BLOOD PRESSURE SCREENINGS AND PERIODIC HEALTH EDUCATION SEMINARS. THERE ARE 198 REGISTERED WALKERS AND THE MONTHLY BLOOD PRESSURE SCREENING AVERAGES 22 PARTICIPANTS. PARTICIPANTS WITH BORDERLINE AND ABNORMAL BLOOD PRESSURES RECEIVE COUNSELING AT THE SITE.

PERIODIC MEETINGS WITH LOCAL CITY GOVERNMENT LEADERS AND CONGRESSIONAL LEADERS, INVOLVEMENT IN SEVEN CHAMBERS OF COMMERCE, AND MEMBERSHIP ON THE CIRCLE OF CARE COALITION, YMCA BOARD AND HEMS BOARD PROVIDE US WITH VENUES TO GIVE AND RECEIVE CURRENT INFORMATION ON THE HEALTHCARE NEEDS OF THE SEVEN COMMUNITIES THAT COMPRISE OUR PRIMARY SERVICE AREA. IN FY10 THESE LEADERS LOOKED TO US AS THE HEALTH EXPERT TO HELP EDUCATE THE PEOPLE IN THEIR COMMUNITIES ABOUT THE ADVANTAGE OF BEING VACCINATED FOR H1N1 AND TO DISPEL MYTHS ABOUT THIS TYPE OF FLU. WORKING WITH THE NURSING STUDENTS FROM TWO OF THE LOCAL UNIVERSITIES, AN H1N1 BROCHURE WAS CREATED AND SEVERAL PARENT SEMINARS WERE CONDUCTED IN THE LOCAL SCHOOLS. LISTENING TO CONCERNS OF THE CITY GOVERNMENT OFFICIALS ABOUT SENIOR TRANSPORTATION FOR HEALTHCARE VISITS TO THE HOSPITAL, WE HAVE EXPANDED THIS SERVICE AND PUT TOGETHER AN INFRASTRUCTURE THAT WOULD BETTER STEWARD THE BUDGET DOLLARS FOR THIS PROGRAM. THE FAITH-BASED CIRCLE OF CARE COALITION IS COMPRISED OF COMMUNITY AGENCIES WORKING TOGETHER TO IMPROVE THE HEALTH OF THE COMMUNITY. AS PART OF THIS NETWORK WE HAVE PROVIDED FREE MEDICAL CARE TO SEVERAL INDIVIDUALS WHO NEEDED SPECIALIZED CARE THAT COULD NOT BE PROVIDED AT ONE OF THE TWO FREE CLINICS IN THE AREA.

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THE HEALTHCARE PARTNERSHIP PROGRAM IS OFFERED THREE TIMES A YEAR AND THE PURPOSE OF THE PROGRAM IS EDUCATION AND ADVOCACY OF COMMUNITY LEADERS. SPENDING FOUR HOURS SHADOWING A PHYSICIAN AND OTHER HEALTHCARE PROFESSIONALS PROVIDES LEADERS WITH A GLIMPSE OF THE SCOPE OF SERVICES PROVIDED AT THE HOSPITAL. SEEING WHAT HAPPENS IN THE EMERGENCY ROOM, OPERATING ROOM, CATH LAB AND CANCER SERVICES PROVIDES THEM WITH A GREATER UNDERSTANDING OF THE CARE PROVIDED IN THEIR LOCAL COMMUNITY, AND THE CONVERSATION THAT TAKES PLACE AFTER THE EXPERIENCE EDUCATES THEM ABOUT THE CHALLENGES OF HEALTHCARE. PARTICIPANTS IN THIS EVENT TELL US THAT THIS EXPERIENCE IS VERY HELPFUL IN THEIR BUSINESSES AND COMMUNITY ACTIVITIES. AT TIMES THEY HAVE BEEN ADVOCATES FOR HEALTHCARE REFORM.

FAITHFUL TO OUR CORE VALUES OF RESPECT, SOCIAL JUSTICE, COMPASSION, CARE OF THE POOR AND UNDERSERVED AND EXCELLENCE, WE SERVE AS ADVOCATES FOR OUR PATIENTS BY SEEKING COURT APPOINTED GUARDIANS TO MAKE MEDICAL DECISIONS FOR PATIENTS WHO ARE UNABLE TO DO SO FOR THEMSELVES.

COMMITTED TO EDUCATING CHILDREN NOW AND IN THE FUTURE, ST. MARY MERCY LIVONIA IS ONE OF 52 CORPORATE SPONSORS FOR THE CRISTO REY SCHOOL IN DETROIT, MICHIGAN. DETROIT CRISTO REY OPENED IN 2008 TO INCREASE DETROIT'S HIGH SCHOOL GRADUATION RATE OF LESS THAN 25 PERCENT. TWO YEARS AGO THERE WERE EIGHTY FRESHMEN AND THIS YEAR ALMOST 200 STUDENTS FILL THEIR CLASSROOMS AND HALLWAYS. TODAY, 95 PERCENT OF STUDENTS ENROLLED AT DETROIT CRISTO REY HAVE GRADUATED AND PURSUED COLLEGE.

CORPORATE SPONSORSHIP ENABLES THE STUDENTS TO FUND THEIR EDUCATION WHILE WORKING AND OBTAINING VALUABLE EXPERIENCE IN A HEALTHCARE ENVIRONMENT. SEEING THE BIRTH OF A CHILD AND SHARING IN THE JOY OF THIS MIRACULOUS

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EVENT, HAS PROFOUNDLY AFFECTED THE FOUR STUDENTS WHO HAVE BEEN WORKING IN THE BIRTHING CENTER FOR THE PAST THREE YEARS.

THE MERCY EDUCATION PROJECT (MEP) PROVIDES AFTER-SCHOOL TUTORING AND GED PREPARATION, ADULT LITERACY AND OTHER EDUCATIONAL LIFE SKILLS DEVELOPMENT SERVICES TO GIRLS AND WOMEN IN DETROIT. ST. MARY MERCY LIVONIA IS ONE OF THE WORKSITES FOR THESE WOMEN TO GAIN THE NECESSARY SKILLS TO WORK IN A HEALTHCARE ORGANIZATION.

PART VI, LINE 6: OTHER INFORMATION - THE MISSION, HERITAGE AND VALUES OF SAINT JOSEPH MERCY HEALTH SYSTEM CALL FOR US TO LEAD AND COLLABORATE WITH OTHERS IN COMMUNITY HEALTH INITIATIVES. COMMUNITY COLLABORATION IS ESSENTIAL TO ACHIEVE IMPROVEMENTS IN HEALTH AND ACCESS TO HEALTHCARE.

THE WASHTENAW HEALTH PLAN (WHP) REPRESENTS A PARTNERSHIP BETWEEN WASHTENAW COUNTY, THE UNIVERSITY OF MICHIGAN AND SJMHS TO PROVIDE PRIMARY MEDICAL CARE SERVICES FOR THE MOST VULNERABLE AND DISENFRANCHISED IN THE COMMUNITY. SJMHS SUPPORTS THIS PROGRAM BY PROVIDING STAFF SUPPORT TO HELP PATIENTS GAIN ACCESS TO A MEDICAL HOME. THE HOSPITALS ALSO PROVIDE THIS POPULATION WITH FREE OR REDUCED-FEE CLINICAL SERVICES.

ST. JOSEPH MERCY ANN ARBOR WAS THE LEAD AGENCY IN THE ORIGINATION OF THE WASHTENAW HOUSING ALLIANCE (WHA), A COALITION OF NINE SOCIAL SERVICE AGENCIES DEALING WITH HOUSING OF VARIOUS TYPES, WHOSE MISSION IS TO END HOMELESSNESS IN WASHTENAW COUNTY. IN THE INITIAL PHASES, WHA LED THE DEVELOPMENT OF A NEW FAMILY SHELTER. THIS SHELTER IS OPERATED BY INTERFAITH HOSPITALITY NETWORK AND IS HOUSED IN PROPERTY OWNED BY SJMHS ON THE WEST SIDE OF ANN ARBOR. IN ADDITION, SJMHS AND ITS BOARD MEMBERS WERE

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KEY IN BUILDING THE DELONIS CENTER IN DOWNTOWN ANN ARBOR. THIS CENTER PROVIDES MUCH NEEDED ACCOMMODATIONS FOR THE HOMELESS, AS WELL AS SOCIAL AND HEALTH SUPPORT SERVICES.

SJMHS OPERATES THREE CLINICS THAT SUPPLY FREE OR REDUCED-FEE HEALTH CARE SERVICES TO AT-RISK POPULATIONS. THE NEIGHBORHOOD HEALTH CLINIC AND THE HAAB MED/PEDS CLINIC ARE BOTH LOCATED IN DOWNTOWN YPSILANTI, WHILE THE ACADEMIC OB/GYN CLINIC IS LOCATED ON THE HOSPITAL CAMPUS.

ST. MARY MERCY LIVONIA HAS RESPONDED TO THE COMMUNITY NEED FOR MORE INPATIENT BEHAVIORAL MEDICINE SERVICES BY RENOVATING OUR BEHAVIORAL MEDICINE UNIT (PSYCH AND CHEMICAL DEPENDENCY), INCREASING CAPACITY AND IMPROVING THE ADMISSION PROCESS TO PROVIDE AN EXCELLENT PATIENT EXPERIENCE.

OTHER COMMUNITY HEALTH SERVICES INCLUDE CLINICAL RESEARCH AT THE OUR LADY OF HOPE CANCER CENTER, TRAINING OF FUTURE HEALTHCARE PROFESSIONALS (MEDICAL STUDENTS AND STUDENTS IN NURSING, PHARMACY, LAB, RADIOLOGY AND DIETETICS), HEALTH EDUCATION AND SCREENING, SUPPORT GROUPS AND SUPPORTING TWO CLINICS. WE ARE SUPPORTING THE JOY SOUTHFIELD CLINIC BY PROVIDING LAB SERVICES, RADIOLOGY TESTING AND A DIABETES EDUCATION AND MANAGEMENT PROGRAM. THE DIABETES EDUCATION AND SELF MANAGEMENT PROGRAM WAS AWARDED A THREE YEAR TRINITY HEALTH CALL TO CARE GRANT AND IS NOW IN THE SECOND YEAR OF THE GRANT. FUNDING FOR THIS PROGRAM IS 2/3 CALL TO CARE GRANT AND 1/3 ST. MARY MERCY LIVONIA. AS THE WAYNE HOPE CLINIC PATIENT BASE HAS INCREASED, WE INCREASED THE FUNDING FOR LAB SERVICES AND THE DIABETES EDUCATION PROGRAM.

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PART VI, LINE 7: SAINT JOSEPH MERCY HEALTH SYSTEM IS A MEMBER ORGANIZATION OF TRINITY HEALTH, THE FOURTH-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. BASED IN NOVI, MICHIGAN, TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEVELOP, AND ARE HELD ACCOUNTABLE FOR ACHIEVING, COMMUNITY BENEFIT GOALS THAT INCLUDE DEVELOPING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS LIKE DIABETES, HEALTH EDUCATION AND PROMOTION INITIATIVES, AND OUTREACH FOR THE ELDERLY. IN FISCAL YEAR 2010, THIS INCLUDED NEARLY \$456 MILLION IN SUCH COMMUNITY BENEFITS. THEREFORE, TRINITY HEALTH TAKES A SYSTEMS APPROACH IN ITS COMMUNITY BENEFIT PLANNING AND IMPLEMENTATION, AND IS CONSEQUENTLY ABLE TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ARE HELPING PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

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