

## **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**

**Open to Public Inspection**

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.**

Name of the organization **LAKESHORE COMMUNITY HOSPITAL, INC.** Employer identification number **38-2549295**

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," is it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. <b>a</b> 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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</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 checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> 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.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> 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"/>
<b>6a</b> Does the organization prepare an annual community benefit report? .....	<input checked="" type="checkbox"/>	
<b>b</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.

<b>7 Charity Care and Certain Other Community Benefits at Cost</b>						
<b>Charity Care and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2) .....	1	371	393,751.		393,751.	2.44%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) .....	1	7,462	3,044,224.	2,071,052.	973,172.	6.03%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) .....	2	376	150,633.	49,323.	101,310.	.63%
<b>d Total</b> Charity Care and Means-Tested Government Programs ...	4	8,209	3,588,608.	2,120,375.	1,468,233.	9.10%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	3	200	4,208.		4,208.	.03%
<b>f</b> Health professions education (from Worksheet 5) .....						
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....	1		561.		561.	.00%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) .....	1		410.		410.	.00%
<b>j Total.</b> Other Benefits .....	5	200	5,179.		5,179.	.03%
<b>k Total.</b> Add lines 7d and 7j .....	9	8,409	3,593,787.	2,120,375.	1,473,412.	9.13%

**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						
2 Economic development						
3 Community support	1		1,297.		1,297.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1		1,297.		1,297.	.01%

**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	3,854,815.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	3,820,495.
7 Subtract line 6 from line 5. This is the surplus or (shortfall) .....	7	34,320.
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				
2				
3				
4				
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14				



**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: LAKESHORE COMMUNITY HOSPITAL, INC. 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, LAKESHORE COMMUNITY HOSPITAL, INC. WILL BE INCLUDING A COPY  
OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH TRINITY HEALTH'S WEBSITE AS  
WELL AS MERCY HEALTH PARTNER'S WEBSITE (WWW.MERCY-HEALTHPARTNERS.ORG)**

**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, \$1,251,095, 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: LAKESHORE COMMUNITY HOSPITAL, INC. 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.

A BAD DEBT TO CHARITY RECLASS WAS CONDUCTED AT TWO OF THE WESTERN MICHIGAN REGION TRINITY HEALTH ORGANIZATIONS. BASED ON DATA RETURNED FROM COLLECTION AGENCIES, WHICH WAS VALIDATED THROUGH ELECTRONIC MEANS (ISOLUTIONS), AMOUNTS THAT HAD BEEN WRITTEN OFF TO BAD DEBT WERE RE-CLASSED TO CHARITY DUE TO PATIENT'S INABILITY TO PAY THAT WOULD MEET PRESUMPTIVE CHARITY CRITERIA. SELECTED RETURNED ACCOUNTS WERE CASES WHERE THERE WAS NO PAYMENT WITHIN 90 DAYS OF PLACEMENT WITH THE AGENCY.

**Part VI** Supplemental Information

AS ISOLUTIONS DATA WAS NOT AVAILABLE FOR LAKESHORE COMMUNITY HOSPITAL, WE ASSUME APPROXIMATELY 10% OF THE AMOUNTS WRITTEN-OFF TO BAD DEBT WOULD HAVE QUALIFIED FOR CHARITY BASED ON SIMILAR FINDINGS WITHIN THE REGION.

WHILE CURRENT OPERATIONS ATTEMPT TO IDENTIFY THOSE CASES THAT WILL QUALIFY FOR CHARITY OR UNCOMPENSATED CARE, IT IS ASSUMED THAT APPROXIMATELY 10% OF THE REMAINING BAD DEBT AMOUNT MAY ALSO QUALIFY AS CHARITY.

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 ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES, LAKESHORE COMMUNITY HOSPITAL, INC. 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

**Part VI** Supplemental Information

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 THE MINISTRY ORGANIZATION, ALL OF WHICH MUST BE IN COMPLIANCE WITH THIS POLICY.

PART VI, LINE 2: NEEDS ASSESSMENT - LAKESHORE COMMUNITY HOSPITAL, INC. (MERCY HEALTH PARTNERS-LAKESHORE CAMPUS) 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 MERCY HEALTH PARTNERS - LAKESHORE CAMPUS' STRATEGIC AND SUBSEQUENT ACTION PLANNING TO DEVELOP HEALTH POLICY, ALLOCATE RESOURCES, IMPROVE OR EXPAND EXISTING SERVICES, IMPLEMENT NEW PROGRAMS AND COLLABORATE WITH 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 MERCY HEALTH PARTNERS 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 MERCY HEALTH PARTNERS COMMUNITY NEEDS ASSESSMENT PROCESS INVOLVES THE

**Part VI** Supplemental Information

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 MERCY HEALTH PARTNERS COMMUNITY NEEDS ASSESSMENT WAS COMPLETED IN JUNE, 2009. THE COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED WITH THE ASSISTANCE OF OUTSIDE EXPERTS INCLUDING PETER J. SARTORIUS, DEVELOPMENT AND PLANNING MANAGER, MUSKEGON COMMUNITY HEALTH PROJECT; CHRISTINE ROBERE, PRESIDENT, UNITED WAY OF THE LAKESHORE; KENNETH KRAUS, HEALTH OFFICER, MUSKEGON COUNTY PUBLIC HEALTH; PAULA KELSON, PROJECTS COORDINATOR, COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY; JENNIFER BAILEY, PROVIDER NETWORK MANAGER, LAKESHORE HEALTH NETWORK; JOAN VANOVER, COMMUNITY BENEFIT COORDINATOR, MERCY HEALTH PARTNERS; HELEN SHERMAN, OFFICE ASSISTANT, MUSKEGON COMMUNITY HEALTH PROJECT; AND GERALD L. ADAMS, FOCUS GROUP AND FORUM FACILITATOR, PROJECT CONSULTANT. THE NEXT ASSESSMENT IS SCHEDULED TO BE COMPLETED BY JUNE 2012.

A NEWLY CONVENED HEALTH DISPARITIES REDUCTION COALITION IN 2010 CONDUCTED AN ASSESSMENT OF HEALTH DISPARITY ISSUES IN MUSKEGON AND OCEANA COUNTIES, WHICH WAS COMPLETED IN OCTOBER 2010.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE -

MERCY HEALTH PARTNERS-LAKESHORE CAMPUS 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

- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES

**Part VI Supplemental Information**

- 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, MERCY HEALTH PARTNERS-LAKESHORE  
CAMPUS 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

MERCY HEALTH PARTNERS-LAKESHORE CAMPUS COMMUNICATES EFFECTIVELY 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.

MERCY HEALTH PARTNERS-LAKESHORE CAMPUS OFFERS IN-PERSON SUPPORT WITH  
FINANCIAL COUNSELORS, CASHIERS AND THE MUSKEGON COMMUNITY HEALTH PROJECT

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(A PART OF MERCY HEALTH PARTNERS). ANY REGISTRAR CAN MAKE A CONNECTION TO PATIENTS. MERCY HEALTH PARTNERS-LAKESHORE CAMPUS PUBLISHES THE PHONE NUMBERS FOR OUR CALL-IN SUPPORT, AND SHARED SERVICES ALSO PROVIDES PHONE SUPPORT. MERCY HEALTH PARTNERS-LAKESHORE CAMPUS HAS AN EXTERNAL VENDOR, MEDASSIST, AND WE ALSO WORK WITH DEPARTMENT OF HEALTH SERVICES STAFF.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTHCARE SERVICES. MERCY HEALTH PARTNERS-LAKESHORE CAMPUS UTILIZES AN EXTERNAL VENDOR AS AN EXTENSION OF HOSPITAL SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

MERCY HEALTH PARTNERS-LAKESHORE CAMPUS OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS 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 THE PUBLICATION OF PATIENT BROCHURES, NOTICES OR MESSAGING INCLUDED ON PATIENT BILLS; POSTING OF NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING AND REGISTRATION DEPARTMENTS; HOSPITAL PATIENT ACCOUNTING DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON OUR CAMPUSES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO ACCESS HEALTH, INC., AMERICAN RED CROSS, BENSON DRUGS, CATHOLIC CHARITIES OF WEST MICHIGAN, CITY OF MUSKEGON, CITY OF MUSKEGON HEIGHTS, COMMUNITY ACCESS LINE OF THE LAKESHORE, COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON

**Part VI Supplemental Information**

COUNTY, COOPERATING CHURCHES, DISABILITY CONNECTION OF WEST MICHIGAN, EVERY WOMAN'S PLACE, GOODWILL INDUSTRIES, HACKLEY COMMUNITY CARE CENTER, HACKLEY PHARMACIES, LIFE COUNSELING, LIONS CLUBS OF MUSKEGON COUNTY, MISSION FOR AREA PEOPLE, MUSKEGON COUNTY PUBLIC HEALTH, MUSKEGON COUNTY DEPT. OF HUMAN SERVICES/FAMILY RESOURCE CENTERS, MUSKEGON FAMILY CARE, MUSKEGON/OCEANA MICHIGAN WORKS!, THE SALVATION ARMY, SENIOR RESOURCES, URBAN LEAGUE, WESTSHORE PHARMACY, AND WEST MICHIGAN THERAPY.

INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE MERCY HEALTH PARTNERS-LAKESHORE CAMPUS' WEBSITE, AS WELL AS IN THE ADMISSION PACKAGE. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPULATION SERVED BY OUR HOSPITAL.

MERCY HEALTH PARTNERS-LAKESHORE CAMPUS HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. MERCY HEALTH PARTNERS-LAKESHORE CAMPUS 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. MERCY HEALTH PARTNERS-LAKESHORE CAMPUS 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. MERCY HEALTH PARTNERS-LAKESHORE CAMPUS' FRONTLINE REGISTRATION ASSOCIATES, CASHIERS AND THE MUSKEGON COMMUNITY HEALTH PROJECT RECEIVE TRAINING ON MAKING A CONNECTION TO A FINANCIAL COUNSELOR.

**Part VI** Supplemental Information

## PART VI, LINE 4: COMMUNITY INFORMATION - MERCY HEALTH

PARTNERS-LAKESHORE CAMPUS' SERVICE AREA INCLUDES MUSKEGON, OCEANA AND NEWAYGO COUNTIES, LOCATED IN CENTRAL WEST MICHIGAN, ON OR NEAR THE SHORELINE OF LAKE MICHIGAN. TOTAL POPULATION OF THE SERVICE AREA IS ABOUT 250,000 AND IS COMPRISED OF BOTH SIGNIFICANT RURAL AND URBAN AREAS. THE RURAL AREA IS CHARACTERIZED BY A CHIEFLY AGRICULTURAL, RECREATION AND TOURISM ECONOMY. THE METROPOLITAN AREA OF ABOUT 120,000 IS CENTERED AROUND THE CITY OF MUSKEGON AND IS LARGELY COMPRISED OF MANUFACTURING AND SERVICE INDUSTRIES. THE POPULATION IS GENERALLY DIVERSE WITH MANY ETHNIC AND RACIAL POPULATION SEGMENTS. THE METROPOLITAN AREA HAS A SIGNIFICANT AFRICAN-AMERICAN POPULATION, WHILE OCEANA COUNTY HAS A HIGHER CONCENTRATION OF HISPANIC RESIDENTS.

MUSKEGON COUNTY IS HOME TO THE COUNTY'S MAJOR HOSPITAL SYSTEM, MERCY HEALTH PARTNERS, WHICH RECENTLY MERGED WITH HACKLEY HOSPITAL AND NOW INCLUDES FOUR CAMPUSES, INCLUDING LAKESHORE HOSPITAL IN OCEANA COUNTY.

BASED ON THE 2000 CENSUS, THERE WERE 170,200 PEOPLE, 63,330 HOUSEHOLDS, AND 44,267 FAMILIES RESIDING IN THE COUNTY. THE RACIAL MAKEUP WAS APPROXIMATELY 81% CAUCASIAN, 14% BLACK AND LESS THAN 1% EACH FOR NATIVE AMERICAN, ASIAN, AND PACIFIC ISLANDER. THE MEDIAN HOUSEHOLD INCOME WAS \$38,008, AND THE MEDIAN INCOME FOR A FAMILY WAS \$45,710. ABOUT 9% OF FAMILIES AND 11% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 16% OF THOSE UNDER AGE 18 AND 8% OF THOSE AGES 65 OR OVER.

OCEANA COUNTY IS A RURAL COUNTY ROUGHLY 41 MILES NORTH OF MUSKEGON AND 75 MILES NORTHWEST OF GRAND RAPIDS. THE RACIAL MAKEUP ACCORDING TO THE 2000

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CENSUS WAS 90% CAUCASIAN, WITH AFRICAN-AMERICAN, ASIAN, AND PACIFIC ISLANDER EACH COMPRISING LESS THAN 1% OF THE TOTAL POPULATION. ROUGHLY 12% OF THE POPULATION WAS HISPANIC OR LATINO, THE HIGHEST PERCENTAGE OF LATINOS OF ANY COUNTY IN MICHIGAN. RECENT ESTIMATES SHOW THE PERCENTAGE OF LATINOS AND AFRICAN-AMERICANS TO BE INCREASING, WHILE THE PERCENTAGE OF NON-HISPANIC WHITES IS DECREASING. THE CENSUS BUREAU ESTIMATES THE 2008 COUNTY POPULATION AT 27,598. THE AVERAGE HOUSEHOLD SIZE WAS 2.67 AND THE AVERAGE FAMILY SIZE WAS 3.09 IN 2000. MEDIAN INCOME WAS \$35,307.

NEWAYGO COUNTY IS HOME TO GERBER INDUSTRIES AND THE GERBER MEMORIAL HOSPITAL, LOCATED IN FREMONT. THE GEOGRAPHIC PROXIMITY OF THE TWO URBAN CENTERS RESULTS IN SOME COUNTY RESIDENTS TRAVELING TO THE MUSKEGON AREA FOR HEALTHCARE SERVICES WHILE OTHERS USE THE SERVICES AVAILABLE IN GRAND RAPIDS.

BASED ON THE 2000 CENSUS, THE RACIAL MAKEUP WAS APPROXIMATELY 95% CAUCASIAN, 1% BLACK, AND LESS THAN 1% EACH FOR NATIVE AMERICAN, ASIAN, AND PACIFIC ISLANDER. THE CENSUS BUREAU ESTIMATES THE 2008 COUNTY POPULATION AT 48,897. THE MEDIAN HOUSEHOLD INCOME WAS \$37,130 AND THE MEDIAN INCOME FOR A FAMILY WAS \$42,498. ABOUT 9% OF FAMILIES AND 12% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING APPROXIMATELY 15% OF THOSE UNDER AGE 18 AND 9% OF THOSE AGE 65 OR OVER.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - THE MERCY HEALTH PARTNERS - LAKESHORE CAMPUS COMMUNITY BUILDING AND PLANNING PROGRAM DEVELOPS STRATEGIES FOR THE HEALTH NEEDS OF THE COMMUNITY AS DETERMINED FROM A NEEDS ASSESSMENT. THE PROGRAM HELPS BRING TOGETHER COMMITTED AND PASSIONATE MEMBERS FROM THE LAKESHORE CAMPUS, AS WELL AS THE BUSINESS

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COMMUNITY AND OTHER MERCY HEALTH PARTNERS' ASSOCIATES, TO PROVIDE RESOURCES AND ENCOURAGEMENT TO AN AREA DEMOGRAPHICALLY DEFINED AS POOR AND UNDERSERVED. MERCY HEALTH PARTNERS - LAKESHORE CAMPUS ALSO PROVIDES EDUCATION AND SUPPORT THROUGH UNITED WAY ACTIVITIES.

PART VI, LINE 6: OTHER INFORMATION - THE MAJORITY OF THE MERCY HEALTH PARTNERS-LAKESHORE CAMPUS GOVERNING BODY IS COMPRISED OF PEOPLE WHO RESIDE IN THE MERCY HEALTH PARTNERS (LAKESHORE CAMPUS, HACKLEY CAMPUS AND MERCY CAMPUS) PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS. SINCE MERCY HEALTH PARTNERS IS THE ONLY HEALTH SYSTEM IN MUSKEGON COUNTY, STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

IN GENERAL, SURPLUS FUNDS ARE ALLOCATED TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH. HOWEVER, FY2010 HAS NOT BEEN A TYPICAL YEAR. BECAUSE OUR SERVICE AREA INCLUDES 24% UNINSURED INDIVIDUALS, OUR FOCUS HAS BEEN ON ACCESS TO CARE. OUR HEALTH PROJECT WORKS PROACTIVELY WITH MEDICAL CLINICS AND THE TWO FQHC'S; WE HAVE DESIGNED A SINGLE ENROLLMENT PROCESS, WHICH HAS MADE APPLYING FOR ASSISTANCE LESS CUMBERSOME.

MERCY HEALTH PARTNERS - LAKESHORE CAMPUS DEVELOPED AN INITIATIVE TO REVIEW THE FINANCIAL ASSISTANCE POLICY THROUGHOUT ALL OF MERCY. REVIEW AND DISCUSSION HAVE BEEN OCCURRING REGARDING SCREENING AND ELIGIBILITY FOR CHARITY CARE UNDER THE NEW COMMUNITY BENEFIT GUIDELINES (ESSENTIALLY ADOPTING A UNIVERSAL ENROLLMENT PROCESS FOR ALL OF THE COMMUNITY BENEFIT SERVICES THROUGH THE MERGED HOSPITAL SYSTEM). THIS PROCESS WILL GREATLY ASSIST WITH THE PROCESS AND AMOUNT OF TIME INVOLVED IN ENROLLING

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INDIVIDUALS FOR FINANCIAL ASSISTANCE.

MERCY HEALTH PARTNERS (ALL CAMPUSES) IS INVOLVED WITH "ALIGNING FORCES FOR QUALITY: EQUITY AND LANGUAGE QUALITY" TO MEET THE TRINITY EQUITY IN CARE PROCESS OF DETERMINING WHETHER INEQUITIES EXIST IN CARE DUE TO RACE OR ETHNICITY.

A MERCY HEALTH PARTNERS COLLABORATIVE HAS BEEN MEETING AT THE LAKESHORE HOSPITAL IN OCEANA COUNTY TO BUILD A COMMUNITY CONSENSUS AROUND EVALUATION, PLANNING AND DEPLOYMENT OF HEALTHCARE SERVICES TO MEET THE NEEDS OF UNDERSERVED RESIDENTS OF OCEANA COUNTY. THE COMMITTEE IS WORKING ON LIFE-LONG PREVENTION SERVICES/LIFESTYLE CHANGES.

MERCY HEALTH PARTNERS' LAKESHORE HEALTH NETWORK DEVELOPED A HEALTH LITERACY COMMITTEE TO FOCUS ON ISSUES THAT EMERGED OUT OF THE COMMUNITY NEEDS ASSESSMENT PROCESS. THIS COMMITTEE IS LOOKING AT HOW WE CAN BETTER PROVIDE PATIENTS INFORMATION THEY CAN UNDERSTAND IN ORDER TO IMPROVE THEIR HEALTH AND COMPLIANCE WITH MEDICAL PROTOCOLS.

IN PARTNERSHIP WITH LAKESHORE HEALTH NETWORK, THE HEALTH PROJECT HAS BEEN DEVELOPING THE MUSKEGON AREA MEDICATION DISPOSAL PROJECT. A MEDICATION TAKE-BACK PROJECT REDUCES YOUTH ACCESS TO NON-PRESCRIBED MEDICATIONS, REDUCES THE NUMBER OF EXPIRED AND POTENTIALLY UNSAFE MEDICATIONS, ASSISTS LAW ENFORCEMENT WITH NEIGHBORHOOD SAFETY FOR THOSE SEEKING DRUGS IN MEDICINE CABINETS AND REDUCES THE ENVIRONMENTAL IMPACT ON WATER QUALITY.

THE HEALTH PROJECT ALSO CONTINUES TO VISIT LAKESHORE AND MERCY CAMPUSES ON A WEEKLY BASIS TO ASSIST IN-PATIENT AND ED DIABETIC PATIENTS WITH

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SUPPLIES, MEDICINE AND SECURING A MEDICAL HOME.

PART VI, LINE 7: MERCY HEALTH PARTNERS-LAKESHORE CAMPUS 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](http://WWW.TRINITY-HEALTH.ORG).