

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 **SAINT AGNES MEDICAL CENTER** Employer identification number **94-1437713**

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 checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input 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 checked="" type="checkbox"/> | |
| <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | |
| 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 type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c If the organization 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) | 1 | 6,519 | 6,328,882. | | 6,328,882. | 1.54% |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | 1 | 66,393 | 59,262,593. | 41,816,000. | 17,446,593. | 4.25% |
| c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs ... | 2 | 72,912 | 65,591,475. | 41,816,000. | 23,775,475. | 5.79% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 9 | 174,235 | 2,094,419. | 13,410. | 2,081,009. | .51% |
| f Health professions education (from Worksheet 5) | 1 | 11 | 33,243. | | 33,243. | .01% |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | 1 | | 277,460. | 31,508. | 245,952. | .06% |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | 4 | | 866,911. | | 866,911. | .21% |
| j Total. Other Benefits | 15 | 174,246 | 3,272,033. | 44,918. | 3,227,115. | .79% |
| k Total. Add lines 7d and 7j | 17 | 247,158 | 68,863,508. | 41,860,918. | 27,002,590. | 6.58% |

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 | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | 1 | 40,064 | 567,177. | | 567,177. | .14% |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | 1 | 40,064 | 567,177. | | 567,177. | .14% |

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 | 158904119. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 163359315. |
| 7 Subtract line 6 from line 5. This is the surplus or (shortfall) | 7 | -4,455,196. |
| 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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| 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 AGNES MEDICAL CENTER 1303 E. HERNDON AVE. FRESNO, CA 93720 | X | X | | | | | X | | |
| SAINT AGNES ADULT DAY HEALTH CENTER 1163 E. WARNER AVE. FRESNO, CA 93720 | | | | | | | | | PT, OT, & SPEECH THERAPY |
| SAINT AGNES PHYS/OCCUPATIONAL THERAPY 1245 E. HERNDON AVE. FRESNO, CA 93720 | | | | | | | | | PHYSICAL THERAPY & OCCUPATIONAL THERAPY |
| SAINT AGNES 1377 E. HERNDON AVE. FRESNO, CA 93720 | | | | | | | | | EMERGENCY DEPT. ADMIN. |
| THE CALIFORNIA EYE INSTITUTE 1360 E. HERNDON AVE. FRESNO, CA 93720 | | X | | | | | | | OPHTHALMOLOGY |
| SAINT AGNES CANCER CENTER 7130 N. MILLBROOK AVE. FRESNO, CA 93720 | | X | | | | | | | RADIATION THERAPY/PET/CT |
| MEDICAL ARTS BUILDING 7202 N. MILLBROOK AVE. FRESNO, CA 93720 | | X | | | | | | | CLINICAL RESEARCH/CANCER REGISTRY/MAMMOGR |
| WOUND, OSTOMY & HYPERBARIC CENTER 7015 N. MAPLE AVE. FRESNO, CA 93720 | | X | | | | | | | WOUND/OSTOMY/HYPERBARIC |
| SAINT AGNES NORTHWEST LABORATORY 4770 W. HERNDON AVE. FRESNO, CA 93722 | | | | | | | | | LAB |
| SAINT AGNES LAB AT KEISHO PLAZA 568 E. HERNDON AVE. FRESNO, CA 93720 | | | | | | | | | LAB |
| SAINT AGNES PEACHWOOD LABORATORY 275 W. HERNDON AVE. CLOVIS, CA 93612 | | | | | | | | | LAB |
| SAINT AGNES CENTRAL FRESNO LABORATORY 1300 N. FRESNO ST. FRESNO, CA 93703 | | | | | | | | | LAB |
| SAINT AGNES OAKHURST LABORATORY 40232 JUNCTION DRIVE OAKHURST, CA 93644 | | | | | | | | | LAB |
| DIABETES TREATMENT AND RESOURCE CENTER 1111 E. SPRUCE AVE. FRESNO, CA 93720 | | | | | | | | | DIABETES SERVICES; SICKLE CELL PROGRAM |
| SAINT AGNES DIAGNOSTIC BREAST CENTER 1105 SPRUCE AVE. FRESNO, CA 93720 | | X | | | | | | | MAMMOGRAPHY, BIOPSY |
| THE HOLY CROSS CLINIC AT POVERELLO HOUSE 412 "F" STREET FRESNO, CA 93720 | | | | | | | | | MEDICAL/DENTAL FOR THE INDIGENT |

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 AGNES MEDICAL CENTER 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 AGNES MEDICAL CENTER 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, \$20,050,255, 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 AGNES MEDICAL CENTER 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.

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, SAINT AGNES MEDICAL CENTER DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT.

Part VI Supplemental Information

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: IN ACCORDANCE WITH CA AB774, PATIENTS/ACCOUNTS WHO MEET ELIGIBILITY CRITERIA WILL NOT BE HELD RESPONSIBLE FOR MORE THAN THE HIGHEST GOVERNMENT REIMBURSEMENT RATE. WHEN UNINSURED (SELF PAY) ACCOUNT BALANCES REMAIN UNPAID AFTER 150 DAYS, IT MAY BE REFERRED TO A COLLECTION AGENCY, WHOSE BILLING DUNNING NOTICE WILL INCLUDE INFORMATION REGARDING THE PATIENTS' RIGHTS UNDER THE ROSENTHAL FAIR DEBT COLLECTION PRACTICE ACT. ADDITIONALLY, WRITTEN NOTICES TO THE PATIENT WILL ENCOURAGE HIM/HER TO CONSIDER ASSISTANCE FROM A NON-PROFIT CREDIT COUNSELING AGENCY WHICH MAY BE AVAILABLE WITHIN OUR COMMUNITY.

IF OTHER AVENUES OF FINANCIAL SUPPORT ARE BEING PURSUED, SAINT AGNES MEDICAL CENTER AND/OR THE APPLICANT SHOULD COMMUNICATE WITH EACH OTHER REGARDING THE PROCESS AND EXPECTED TIMELINE FOR DETERMINATION. SAINT AGNES MEDICAL CENTER WILL DELAY COLLECTION EFFORTS FOR A REASONABLE TIME PERIOD WHILE A DETERMINATION IS BEING MADE. IF A PATIENT IS ATTEMPTING TO QUALIFY FOR ELIGIBILITY UNDER SAINT ANGES MEDICAL CENTER'S CHARITY CARE OR DISCOUNT PAYMENT POLICY AND IS ATTEMPTING IN GOOD FAITH TO SETTLE AN OUTSTANDING BILL WITH SAINT AGNES MEDICAL CENTER BY NEGOTIATING A

Part VI Supplemental Information

REASONABLE AMOUNT, SAINT AGNES MEDICAL CENTER WILL NOT ADVANCE THE UNPAID BILL TO A COLLECTION AGENCY.

WHEN THE BALANCE ON AN ACCOUNT IS DETERMINED TO BE A PATIENT/GUARANTOR OBLIGATION, SAINT AGNES MEDICAL CENTER WILL BILL THE PATIENT/GUARANTOR AT REGULAR INTERVALS. UNDER THE OVERSIGHT OF THE PATIENT FINANCIAL SERVICES MANAGEMENT TEAM, SELF PAY BALANCES WHICH ARE PAST DUE, (IN EXCESS OF 150 DAYS OF INITIAL BILLING, OR 90 TO 150 DAYS IN EXCESS OF ANY OTHER ACTIVITY DATE PROMPTED BY A FINANCIALLY QUALIFIED PATIENT), MAY BE ADVANCED TO AN EXTERNAL COLLECTION AGENCY FOR COLLECTION (FOLLOWING A MINIMUM OF 150 DAYS FROM INITIAL BILLING). ACCOUNT BALANCES GREATER THAN \$10,000 ARE INDIVIDUALLY REVIEWED BY THE PATIENT FINANCIAL SERVICES DIRECTOR PRIOR TO BEING ASSIGNED TO AN EXTERNAL AGENCY FOR COLLECTION.

FOR ALL CA AB774 FINANCIALLY QUALIFIED ACCOUNT BALANCES, WHERE THE PATIENT HAS BEEN DETERMINED BY SAINT AGNES MEDICAL CENTER TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE WITH A RESULTING SHARE OF COST FROM THE PATIENT, SAINT AGNES MEDICAL CENTER OR THE BILLING VENDOR WILL ARRANGE, UPON REQUEST OF THE PATIENT, REASONABLE PAYMENT PLANS WHICH WILL REMAIN INTEREST FREE UNTIL THE ACCOUNT BALANCE HAS BEEN PAID IN FULL. THE PATIENT MAY NEGOTIATE THE TERMS OF A REASONABLE PAYMENT PLAN. IN THE EVENT THE PATIENT/GUARANTOR IS DELINQUENT IN PAYING, RENEGOTIATING, OR CONTACTING SAINT AGNES MEDICAL CENTER, OR A BILLING VENDOR, REGARDING HIS/HER OUTSTANDING PAYMENT PLAN BALANCE FOR A MINIMUM PERIOD OF 90 DAYS, ONLY THEN CAN THE CA AB774 SHARE OF COST BALANCE BE ASSIGNED AS BAD DEBT PROVIDED THE MINIMUM PERIOD OF 150 DAYS FROM INITIAL BILLING BY THE MEDICAL CENTER HAS PASSED.

Part VI Supplemental Information

UNDERSTANDABLY, THE HOSPITAL DOES FIND IT NECESSARY TO APPLY REASONABLE STANDARDS TO THE LENGTH OF A MONTHLY PAYMENT PLAN. GUIDELINES FOR LEVELS OF AUTHORIZATION AND THE NUMBER OF MONTHS AN AMOUNT CAN BE EXTENDED ARE AS FOLLOWS:

- BALANCES UNDER \$100 WILL BE PAID WITHIN A MAXIMUM THREE MONTHS
- BALANCES OF \$100 TO \$600 WILL BE PAID WITHIN A MAXIMUM SIX MONTHS
- BALANCES OF \$600 TO \$1,200 WILL BE PAID WITHIN A MAXIMUM TWELVE MONTHS
- BALANCES GREATER THAN \$1,200 WILL BE PAID WITHIN A MAXIMUM TWENTY-FOUR MONTHS

PART VI, LINE 2: NEEDS ASSESSMENT - EVERY THREE YEARS, SAINT AGNES MEDICAL CENTER CONDUCTS A COMMUNITY NEEDS ASSESSMENT TO MEASURE THE HEALTH AND WELL BEING OF THE COMMUNITY AT THAT SPECIFIC POINT IN TIME. THIS ASSESSMENT SERVES AS THE BASIS FOR 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. IT ALSO ESTABLISHES A BENCHMARK FOR MEASURING OUR PROGRESS TOWARD ESTABLISHED COMMUNITY HEALTH OBJECTIVES DURING FUTURE ASSESSMENTS.

SAINT AGNES MEDICAL CENTER'S 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

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- COLLECT THE INFORMATION REQUIRED FOR COMMUNITY OUTREACH PLANNING

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

THE SAINT AGNES MEDICAL CENTER COMMUNITY NEEDS ASSESSMENT IS CURRENT AS OF JULY 2009. IT WAS CONDUCTED BY THE MEDICAL CENTER AND A COLLABORATIVE OF COMMUNITY-BASED ORGANIZATIONS.

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

SAINT AGNES MEDICAL CENTER IS COMMITTED TO:

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

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

- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE SERVICES/CARE THEY RECEIVE

- BALANCING NEEDED PATIENT FINANCIAL ASSISTANCE WITH THE ORGANIZATION'S BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE

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

- PROACTIVELY COMMUNICATE WITH PATIENTS REGARDING THEIR HOSPITAL BILLS

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- 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 PAYMENT OBLIGATIONS

SAINT AGNES MEDICAL CENTER PROACTIVELY COMMUNICATES WITH PATIENTS REGARDING THEIR PAYMENT OBLIGATIONS AND OFFERS FINANCIAL COUNSELING TO HELP PATIENTS UNDERSTAND THEIR HOSPITAL BILLS AND FINANCIAL OBLIGATIONS, AS WELL AS ADDRESS ANY FINANCIAL QUESTIONS OR CONCERNS THEY MAY HAVE. DURING THE PRE-REGISTRATION AND ADMITTING PROCESS, AND/OR THROUGH COMMUNICATION WITH PATIENTS SEEKING FINANCIAL ASSISTANCE, SAINT AGNES PROVIDES PATIENTS WITH INFORMATION ABOUT HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SPECIFIC SERVICES.

THE SAINT AGNES MEDICAL CENTER REGISTRARS GIVE FINANCIAL ASSISTANCE APPLICATIONS TO EVERY PATIENT WHO EXPRESSES A FINANCIAL CONCERN AND THEN REFER THE PATIENT TO A HOSPITAL FINANCIAL COUNSELOR FOR FURTHER ASSISTANCE. THE HOSPITAL ALSO CONTRACTS WITH AN ELIGIBILITY VENDOR WHO ASSISTS PATIENTS WITH THEIR MEDICAID APPLICATIONS AND ELIGIBILITY. THE VENDOR HELPS PATIENTS GATHER THE APPROPRIATE DOCUMENTS REQUIRED TO APPLY FOR MEDICAL OR MEDICARE DISABILITY; TRANSLATES AS NEEDED; AND PROVIDES TRANSPORTATION TO THE LOCAL WELFARE OFFICE, IF REQUIRED.

FINANCIAL COUNSELORS HELP PATIENTS OBTAIN AND PAY FOR NEEDED HEALTHCARE

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SERVICES BY IDENTIFYING AND HELPING THEM APPLY FOR THOSE PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY. SAINT AGNES ALSO ASSISTS PATIENTS BY PAYING THEIR COBRA BENEFITS SO THAT THE PATIENT WILL HAVE HEALTHCARE COVERAGE WHILE OBTAINING 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.

SAINT AGNES MEDICAL CENTER ALSO OFFERS FINANCIAL ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE, BUT WHO HAVE LIMITED MEANS. DETAILS AND CONTACT INFORMATION FOR OBTAINING FINANCIAL ASSISTANCE IS MADE AVAILABLE AT ALL REGISTRATION SITES ON AND OFF CAMPUS. THIS INCLUDES A COMPREHENSIVE FINANCIAL ASSISTANCE PROGRAM BROCHURE GIVEN TO PATIENTS. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM IS ALSO NOTED ON THE CONDITIONS OF ADMISSION AND ON THE PATIENT BILL. IT IS ALSO MADE AVAILABLE IN THE SAINT AGNES PATIENT FINANCIAL SERVICES OFFICE. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE PUBLIC, PHYSICIANS, FRESNO METRO MINISTRIES, HOLY CROSS CENTER FOR WOMEN AND HOLY CROSS CLINIC AT POVERELLO HOUSE. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE AS PART OF THE ADMISSION PACKET, ON THE PUBLIC SAINT AGNES WEB SITE, AND AT EACH REGISTRATION AREA. IN ADDITION TO ENGLISH, THIS INFORMATION IS AVAILABLE IN SPANISH AND HMONG.

SAINT AGNES MEDICAL CENTER HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND FINANCIAL SUPPORT OF PATIENTS AND PATIENT PAYMENT OBLIGATIONS. THE MEDICAL CENTER MAKES EVERY EFFORT TO ADHERE TO THE POLICY AS PART OF ITS COMMITMENT TO ASSISTING PATIENTS WITH LIMITED MEANS IN A

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PROFESSIONAL, CONSISTENT MANNER.

TO ENSURE THAT ALL PATIENTS ARE TREATED WITH DIGNITY AND RESPECT, REGARDLESS OF THEIR INSURANCE STATUS OR ABILITY TO PAY FOR SERVICES, SAINT AGNES EDUCATES ITS EMPLOYEES - PARTICULARLY THOSE WORKING IN FINANCIAL ASSISTANCE, REGISTRATION, AND BILLING AND COLLECTION - ABOUT ITS FINANCIAL POLICY. SAINT AGNES ALSO INCLUDES THE VENDOR AND COLLECTION AGENCIES IN THIS EDUCATION.

PART VI, LINE 4: COMMUNITY INFORMATION - SAINT AGNES MEDICAL CENTER'S PRIMARY SERVICE AREA INCLUDES THE MAJORITY OF FRESNO AND PORTIONS OF MADERA COUNTIES. THE REMAINDER OF FRESNO AND MADERA COUNTIES COMPRISES THE SECONDARY SERVICE AREA. TOGETHER, THE SAINT AGNES MEDICAL CENTER SERVICE AREA ENCOMPASSES A POPULATION IN EXCESS OF 1 MILLION.

DESPITE A NATIONAL ECONOMIC DOWNTURN, THE SAN JOAQUIN VALLEY AND THE STATE OF CALIFORNIA CONTINUE TO EXPERIENCE POPULATION GROWTH. ACCORDING TO THE U.S. CENSUS BUREAU, THE POPULATION OF FRESNO COUNTY WAS ESTIMATED TO GROW BY 14% IN 2009, WHILE THE STATE OF CALIFORNIA HAD A PROJECTED GROWTH OF 9.5%. IN 2009, THE POPULATION FOR FRESNO COUNTY WAS ESTIMATED AT 915,267.

A GROWING POPULATION REQUIRES INCREASED INFRASTRUCTURE. HOWEVER, THE 2009-2010 \$20 BILLION BUDGET GAP FOR CALIFORNIA HAS SLOWED INFRASTRUCTURE DEVELOPMENT AND HAS ACTUALLY DECREASED THE SERVICES THAT RESPOND TO THE NEEDS OF CALIFORNIANS. IT HAS ESPECIALLY AFFECTED THE POOR AND UNDERSERVED, ESPECIALLY THOSE IN NEED OF MENTAL HEALTH SERVICES.

FRESNO COUNTY IS AN AREA OF IMMENSE NEED, WITH FEWER HEALTH RESOURCES THAN

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THE REST OF THE STATE. IT IS A REGION OF GREAT DIVERSITY, WITH BOTH URBAN AND RURAL POPULATIONS, MANY IMMIGRANTS WITH LIMITED ENGLISH PROFICIENCY, AND A LOW INCOME POPULATION THAT IS HIGHER THAN THE STATE AVERAGE.

ALTHOUGH FRESNO COUNTY'S \$4.2 BILLION AGRICULTURAL INDUSTRY IS THE LARGEST IN THE UNITED STATES, THE COUNTY IS SUSCEPTIBLE TO THE VAGARIES OF ADVERSE WEATHER, WORKER SHORTAGES AND INTERNATIONAL COMPETITION. OF 58 COUNTIES IN CALIFORNIA, FRESNO HAS ONE OF THE HIGHEST RATES FOR TEEN PREGNANCY, LOW BIRTH-WEIGHT, INFANT DEATHS, ASTHMA, AND DEATHS DUE TO DIABETES. SOME OF THE CAUSES OF POOR HEALTH IN FRESNO COUNTY INCLUDE HIGH POVERTY, LACK OF HEALTH INSURANCE, POPULATION DIVERSITY, AND LACK OF MEDICAL INFRASTRUCTURE.

ETHNIC, CULTURAL AND LINGUISTIC DIVERSITY CONTINUES TO INCREASE IN THE SAN JOAQUIN VALLEY, WHICH HAS A SIGNIFICANT POPULATION OF IMMIGRANTS AND REFUGEES, MANY OF WHOM ARE AGRICULTURAL WORKERS. THE 2009 U.S. CENSUS ESTIMATED THAT FRESNO COUNTY'S TOTAL POPULATION IS 48.9% HISPANIC OR LATINO, 35.7% WHITE, 8.9% ASIAN AND PACIFIC ISLANDER, 5.7% AFRICAN-AMERICAN AND 1.9% NATIVE AMERICAN. THE ASIAN AND PACIFIC ISLANDER GROUP ALONE COMPRISES 11 DIFFERENT ETHNIC POPULATIONS. FORTY-TWO PERCENT OF THE POPULATION SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOMES. FRESNO COUNTY RANKS FOURTH IN POVERTY OF 58 COUNTIES IN CALIFORNIA, WITH AN UNEMPLOYMENT RATE OF 15.2% AS OF SEPTEMBER, 2010.

AGRICULTURAL WORKERS SUFFER FROM HIGHER RATES OF HIGH SERUM CHOLESTEROL, HIGH BLOOD PRESSURE AND OBESITY THAN THE GENERAL POPULATION. MANY MEN AND WOMEN WHO ARE HARVESTING CROPS DO NOT SPEAK ENGLISH, AND HAVE NO HEALTH INSURANCE. FOR AGRICULTURE TO SURVIVE IN CALIFORNIA, A STABLE AND HEALTHY WORK FORCE IS CRUCIAL. TO THAT END, A COALITION HAS BEEN ESTABLISHED TO

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WORK WITH THE CALIFORNIA LEGISLATURE IN FINDING COMPREHENSIVE SOLUTIONS FOR FARM WORKER HEALTH COVERAGE.

ACCORDING TO THE AMERICAN LUNG ASSOCIATION, FRESNO-MADERA RANKS NO. 3 ON THE LIST OF THE TOP TEN MOST POLLUTED CITIES IN THE UNITED STATES.

ASTHMA, CHRONIC BRONCHITIS, EMPHYSEMA AND CARDIOVASCULAR DISEASE HAVE A SIGNIFICANT IMPACT ON THE HEALTH OF THE PEOPLE OF FRESNO.

PART VI, LINE 5: COMMUNITY BUILDING ACTIVITIES - SAINT AGNES MEDICAL CENTER ENGAGES IN A WIDE RANGE OF COMMUNITY BUILDING ACTIVITIES. A SAMPLING IS INCLUDED HERE.

ESTABLISHED IN 1984 BY SAINT AGNES MEDICAL CENTER AND THE SISTERS OF THE HOLY CROSS, SAINT AGNES HOLY CROSS CENTER FOR WOMEN (HCCW) SERVES AS A DAYTIME REFUGE FOR POOR AND HOMELESS WOMEN AND THEIR CHILDREN. AN AVERAGE OF 135 WOMEN AND 20 CHILDREN VISIT THE CENTER EACH DAY - FOR A NAP, A WARM MEAL, TO BATHE OR WASH THEIR CLOTHES OR SIMPLY WATCH TELEVISION. LOCATED ACROSS THE STREET FROM POVERELLO HOUSE IN DOWNTOWN FRESNO, HOLY CROSS CENTER FOR WOMEN IS EASILY ACCESSIBLE TO THOSE IN NEED. IT PROVIDES WOMEN OF ALL AGES AND THEIR CHILDREN A PEACEFUL RESPITE FROM THE COLD REALITIES OF THE STREETS. THEY CAN ALSO TAKE ADVANTAGE OF COUNSELING, REFERRAL SERVICES, EDUCATIONAL & SKILLS TRAINING, AND RECREATIONAL ACTIVITIES.

THOSE WHO COME TO THE CENTER ARE PREDOMINANTLY YOUNG, MINORITY, IMPOVERISHED WOMEN WITH CHILDREN WHOSE LIVES ARE CHALLENGED BY UNEMPLOYMENT, POVERTY, ADDICTION, RACISM, FEAR, LACK OF EDUCATION, LOW SELF-ESTEEM AND HOMELESSNESS. SOME COME BACK DAY AFTER DAY, OTHERS COME TO FILL A TEMPORARY NEED.

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ON A MONTHLY BASIS, HCCW PROVIDES:

-GENTLY USED CLOTHING TO MORE THAN 615 INDIVIDUALS AND FAMILIES

-WARM SHOWERS TO 783 HOMELESS WOMEN

-WASHERS AND DRYERS TO ACCOMMODATE 390 LOADS OF LAUNDRY

IN ADDITION TO REFUGE AND REST, HCCW PROVIDES WOMEN WITH OPPORTUNITIES TO LEARN NECESSARY SKILLS THAT ENABLE THEM TO BECOME SELF-SUFFICIENT SO THEY MAY EVENTUALLY BREAK THE CYCLE THEY ARE IN. THIS INCLUDES:

-BASIC COMPUTER INSTRUCTION

-ENGLISH AS A SECOND LANGUAGE (ESL)

-JOB TRAINING

-SELF-ESTEEM AND PARENTING CLASSES

-SEWING INSTRUCTION

-ARTS AND CRAFTS

-PRAYER GROUPS AND BIBLE STUDIES

THANKS TO THE COMMUNITY VOLUNTEERS WHO DONATE THEIR TIME TO LEAD THESE CLASSES AND ACTIVITIES, AND THE SUPPORTIVE STAFF AT HCCW, MANY CLIENTS HAVE SUCCESSFULLY TURNED THEIR LIVES AROUND TO BECOMING PRODUCTIVE, CONTRIBUTING MEMBERS OF THE COMMUNITY.

THE POVERELLO HOUSE, LOCATED ACROSS THE STREET FROM HOLY CROSS CENTER FOR WOMEN, PROVIDES FREE MEALS TO HUNDREDS OF HOMELESS INDIVIDUALS AND LOW-INCOME FAMILIES EVERY DAY. BESIDES NEEDING FOOD AND CLOTHING, MANY VISITORS LACK BASIC MEDICAL CARE. TO ADDRESS THIS NEED, THE SISTERS OF THE HOLY CROSS AND SAINT AGNES MEDICAL CENTER ESTABLISHED THE HOLY CROSS CLINIC AT POVERELLO HOUSE IN 1982. SAINT AGNES MEDICAL CENTER STAFF AND

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MEDICAL PROFESSIONAL VOLUNTEERS - INCLUDING SPECIALISTS, DENTISTS, NURSES, AND OTHER PARAMEDICAL PERSONNEL - PROVIDE FREE BASIC MEDICAL AND DENTAL CARE TO THE VALLEY'S GROWING NUMBERS OF UNINSURED AND UNDERINSURED. LAST YEAR ALONE, HOLY CROSS CLINIC RECEIVED MORE THAN 7,900 VISITS FOR MEDICAL SERVICES AND 600 VISITS FOR DENTAL CARE. THE VALUE OF DONATED SERVICES TOTALED MORE THAN \$860,000. HEALTH EDUCATION IS ALSO PROVIDED BY THE CLINIC TO TEACH INDIVIDUALS WHO SUFFER FROM CHRONIC CONDITIONS LIKE DIABETES AND ASTHMA HOW TO MANAGE THEIR DISEASE, PREVENT COMPLICATIONS AND EXPERIENCE A HEALTHIER, MORE PRODUCTIVE LIFESTYLE. FURTHER, THE CLINIC COLLABORATES WITH NUMEROUS COMMUNITY GROUPS AND SERVICE PROVIDERS TO REACH OUT TO THOSE CLIENTS WHO - IN ADDITION TO MEDICAL OR DENTAL SERVICES - MAY NEED HELP FINDING SHELTER OR OTHER SUPPORT SERVICES.

PART VI, LINE 6: OTHER INFORMATION - SAINT AGNES MEDICAL CENTER'S CONTINUING MEDICAL EDUCATION PROGRAM STRIVES TO IMPROVE PATIENT CARE BY PROVIDING HIGH QUALITY EDUCATIONAL ACTIVITIES THAT ENHANCE PHYSICIAN KNOWLEDGE AND SKILLS AND PROMOTE LIFELONG LEARNING. PHYSICIANS WHO ATTEND SAINT AGNES MEDICAL CENTER'S CME ACTIVITIES EARN CREDITS IN SUPPORT OF THEIR STATE LICENSES AND BOARD CERTIFICATIONS.

THE CLINICAL RESEARCH CENTER CONDUCTS PHARMACEUTICAL AND DEVICE STUDIES IN A WIDE RANGE OF THERAPEUTIC AREAS. CLINICAL TRIALS OF INVESTIGATIONAL DRUGS AND DEVICES, WHICH ARE SUPPORTED BY THE INDUSTRY, PROVIDE PATIENTS ACCESS TO INVESTIGATIONAL TREATMENTS AND SERVICES USUALLY AT NO ADDITIONAL COST. CLINICAL RESEARCH IS ALSO RESPONSIBLE FOR THE ADMINISTRATION OF THE INSTITUTIONAL REVIEW BOARD (IRB), WHICH ENSURES THAT THE RIGHTS AND WELFARE OF ALL HUMAN SUBJECTS INVOLVED IN CLINICAL RESEARCH ARE PROTECTED. IN FY 2010, THE IRB REVIEWED AND APPROVED SEVERAL STUDIES AND CONTINUED

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ITS ACTIVE REVIEW OF MANY OTHERS ALREADY UNDER WAY.

APPROXIMATELY 905 VOLUNTEERS GENEROUSLY PROVIDE CARE AND SERVICE TO THE PATIENTS, STAFF, PHYSICIANS AND GUESTS OF SAINT AGNES MEDICAL CENTER. IN ADDITION TO SUPPORTING VARIOUS DEPARTMENTS AND PROGRAMS WITHIN THE HOSPITAL, MANY OF THESE INDIVIDUALS REPRESENT SAINT AGNES WITHIN THE COMMUNITY, VOLUNTEERING THEIR TIME TO SUCH COMMUNITY PROJECTS AS READING TO THE BLIND, MENTORING ELEMENTARY SCHOOL CHILDREN, COORDINATING BLOOD DRIVES, SUPPORTING THE COMMUNITY FOOD BANK, AND SUPPORTING THE AMERICAN CANCER SOCIETY, HABITAT FOR HUMANITY, SPCA AND THE "BABY TRACKING" INFANT IMMUNIZATION PROGRAM.

PART VI, LINE 7: SAINT AGNES MEDICAL CENTER 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 AIMED AT SERVING THE POOR AND UNINSURED, MANAGING CHRONIC CONDITIONS LIKE DIABETES, INITIATING HEALTH EDUCATION AND PROMOTION, AND REACHING OUT TO THE ELDERLY. IN FISCAL YEAR 2010, TRINITY HEALTH INVESTED NEARLY \$456 MILLION IN SUCH COMMUNITY BENEFITS AND CHARITY CARE. 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 TO PROMOTE AND ADDRESS THE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES.

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