

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **MUNSTER MEDICAL RESEARCH FOUNDATION, INC.**  
Employer identification number: **35-1107009**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<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? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		2987	8,179,218.		8,179,218.	1.92
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		29877	56,502,591.	35,658,047.	20,844,544.	4.88
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		32864	64,681,809.	35,658,047.	29,023,762.	6.80
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	143	7684	654,006.	10,804.	643,202.	.15
<b>f</b> Health professions education (from Worksheet 5) . . . . .	35	686	542,846.		542,846.	.13
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	1	780	2,368,374.	1,840,975.	527,399.	.12
<b>h</b> Research (from Worksheet 7) . . . . .	61	5667	1,140,917.	252,176.	888,741.	.21
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	60		229,990.		229,990.	.05
<b>j Total.</b> Other Benefits . . . . .	300	14817	4,936,133.	2,103,955.	2,832,178.	.66
<b>k Total.</b> Add lines 7d and 7j. . . . .	300	47681	69,617,942.	37,762,002.	31,855,940.	7.46

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			93,683.	8,707.	84,976.	.02
4 Environmental improvements						
5 Leadership development and training for community members			12,390.		12,390.	
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			106,073.	8,707.	97,366.	.02

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	172,940,365.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	211,276,333.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-38,335,968.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

**1** MUNSTER MEDICAL RESEARCH FOUNDATION  
901 MACARTHUR BOULEVARD  
MUNSTER IN 46321

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
<b>1</b>	X	X					X			
<b>2</b>										
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										
<b>11</b>										
<b>12</b>										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group MUNSTER MEDICAL RESEARCH FOUNDATION

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>1</b>	X
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted, . . . . .	<b>3</b>	X
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	<b>4</b>	X
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>5</b>	X
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
<b>a</b>	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .	<b>7</b>	X
<b>8a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>8a</b>	X
<b>b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>8b</b>	
<b>c</b>	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information (continued)**

Financial Assistance Policy		MUNSTER MEDICAL RESEARCH FOUNDATION	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .		X	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>  2  </u> <u>  0  </u> <u>  0  </u> % If "No," explain in Part VI the criteria the hospital facility used.		X	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>  3  </u> <u>  0  </u> <u>  0  </u> % If "No," explain in Part VI the criteria the hospital facility used.		X	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):		X	
<b>a</b>	<input checked="" type="checkbox"/> Income level			
<b>b</b>	<input checked="" type="checkbox"/> Asset level			
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency			
<b>d</b>	<input checked="" type="checkbox"/> Insurance status			
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount			
<b>f</b>	<input checked="" type="checkbox"/> Medicaid/Medicare			
<b>g</b>	<input type="checkbox"/> State regulation			
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)			
<b>13</b>	Explained the method for applying for financial assistance? . . . . .		X	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		X	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website			
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices			
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request			
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)			

**Billing and Collections**

<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .		X	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency			
<b>b</b>	<input type="checkbox"/> Lawsuits			
<b>c</b>	<input type="checkbox"/> Liens on residences			
<b>d</b>	<input type="checkbox"/> Body attachments			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)			
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:			X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency			
<b>b</b>	<input type="checkbox"/> Lawsuits			
<b>c</b>	<input type="checkbox"/> Liens on residences			
<b>d</b>	<input type="checkbox"/> Body attachments			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)			

**Part V Facility Information (continued)** MUNSTER MEDICAL RESEARCH FOUNDATION

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  
If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

	Yes	No
<b>19</b>	X	

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

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**21** During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI.

<b>21</b>		X
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**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI.

<b>22</b>		X
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**Part V Facility Information** *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 6

Name and address	Type of Facility (describe)
<b>1</b> COMMUNITY SURGERY CENTER 801 MACARTHUR BLVD MUNSTER IN 46321	OUTPATIENT SURGERY
<b>2</b> COMMUNITY DIAGNOSTIC CENTER 10020 DONALD S. POWERS DRIVE MUNSTER IN 46321	DIAGNOSTIC CENTER
<b>3</b> ST. JOHN OUTPATIENT CENTER 9660 WICKER AVE. ST. JOHN IN 46373	OUTPATIENT CENTER
<b>4</b> COMMUNITY CARDIOLOGY CENTER 801 MACARTHUR BLVD MUNSTER IN 46321	OUTPATIENT CENTER
<b>5</b> FITNESS POINTE 9550 COLUMBIA AVE. MUNSTER IN 46321	REHABILITATION
<b>6</b> COMMUNITY HOME HEALTH SERVICES 9104 COLUMBIA AVE MUNSTER IN 46321	HOME HEALTH
<b>7</b>  	
<b>8</b>  	
<b>9</b>  	
<b>10</b>  	

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

## REQUIRED DESCRIPTIONS

PART I, LINE 3C

N/A

## REQUIRED DESCRIPTIONS

PART I, LINE 6A

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF COMMUNITY BENEFITS REPORT.

## REQUIRED DESCRIPTIONS

PART I, LINE 7A

BAD DEBT OF \$19,404,417 IS EXCLUDED FROM THE CALCULATION.

THE METHODOLOGY USED WAS THE COST TO CHARGE RATIO. IT IS FOR INPATIENT ONLY AND EXCLUDES MEDICAID, CHARITY AND BAD DEBT.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

## REQUIRED DESCRIPTIONS

PART III, LINE 4

COMMUNITY HOSPITAL EVALUATES THE COLLECTIBILITY OF ITS ACCOUNTS

RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING AND

THE ANTICIPATED FUTURE UNCOLLECTIBLE AMOUNTS BASED ON HISTORICAL

EXPERIENCE. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR

DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. COMMUNITY HOSPITAL

DOES NOT REQUIRE COLLATERAL. THE COST TO CHARGE RATIO WAS USED TO

CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS

THAT ARE REPORTED ON LINE 2. DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS

ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE. AS A

TAX-EXEMPT HOSPITAL, WE MUST PROVIDE NECESSARY SERVICES REGARDLESS OF THE

PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED. WE ESTIMATED A

PERCENTAGE OF BAD DEBTS BASED UPON THE PORTION OF UNINSURED INDIVIDUALS

THAT WOULD BE ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY.

THIS AMOUNT ENTERED ON PART III, LINE 3 SHOULD BE COUNTED AS A COMMUNITY

BENEFIT.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

## REQUIRED DESCRIPTIONS

PART III - LINE 8

THE TOTAL REVENUE RECEIVED FROM MEDICARE WAS CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM. WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE \$38,335,968 OF MEDICARE SHORTFALL AS A COMMUNITY BENEFIT.

## REQUIRED DESCRIPTIONS

PART III, LINE 9B

COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.

**Part VI Supplemental Information**

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## REQUIRED DESCRIPTIONS

LINE 1J - N/A

LINE 3 - FOCUS GROUPS WITH COMMUNITY AND BUSINESS LEADERS

LINE 4 - FRANCISCAN ALLIANCE AND THE METHODIST HOSPITALS

LINE 5C - N/A

LINE 6I - N/A

LINE 7 - COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE  
COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN  
THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE:

COMMUNITY HOSPITAL SERVICE AREAS:

- " ACCESS TO HEALTH SERVICES
- " CANCER
- " CHRONIC KIDNEY DISEASE
- " EDUCATIONAL & COMMUNITY-BASED PROGRAMS

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" FAMILY PLANNING

" INJURY & VIOLENCE PREVENTION

" MENTAL HEALTH & MENTAL DISORDERS

" ORAL HEALTH

" SUBSTANCE ABUSE

" TOBACCO USE

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, COMMUNITY HEALTHCARE SYSTEM SUPPORTS A LARGE CANCER PROGRAM WITH A SEPARATE RESEARCH FOUNDATION FOCUSED ON IMPROVING ACCESS TO CLINICAL TRIALS FOR AREA RESIDENTS AS WELL AS PROVIDING FREE SUPPORT AND MIND-BODY SERVICES THROUGH ITS CANCER RESOURCE CENTRE. ALL HOSPITALS PROVIDE ROUTINE LOW-COST AND FREE SCREENING PROGRAMS FOR A VARIETY OF CANCERS. ONE OF THE THREE HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM HAS A BEHAVIOR HEALTH PROGRAM AND HAS RECENTLY EXPANDED ITS OUTPATIENT SERVICES TO IMPROVE ACCESS TO MENTAL HEALTH SERVICES.

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AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOUR FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THREE OF THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY AS WELL INVESTING IN THE HEALTH OF THE MOST VULNERABLE RESIDENTS - OUR NEWBORNS.

LINE 10 - N/A

LINE 11 - N/A

LINE 12H - N/A

LINE 14G - N/A

LINE 16E - N/A

LINE 17E - N/A

LINE 18E - N/A

LINE 19C - N/A

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LINE 19D - N/A

LINE 20D - SEE PART V, LINE 20D IN SUPPLEMENTAL INFORMATION

LINE 21 - N/A

LINE 22 - N/A

NEEDS ASSESSMENT

IN COLLABORATION WITH FRANCISCAN ALLIANCE AND THE METHODIST HOSPITALS,  
COMMUNITY HOSPITAL CONTRACTED WITH A THIRD PARTY TO PERFORM OUR COMMUNITY  
HEALTH NEEDS ASSESSMENT AS PER REGULATION 501(R).

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE  
HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN  
INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO  
RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR  
MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A  
FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO

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DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.

COMMUNITY INFORMATION

THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA AND ADJACENT COMMUNITIES IN ILLINOIS. OUR MARKET SHARE FOR THE CORE AREA IS 72.2%. THE POPULATION IS OLDER THAN MOST MARKETS BUT HAS A HIGHER MEDIAN HOUSEHOLD INCOME. COMMUNITY'S POPULATION CONSISTS OF AN UNINSURED POPULATION OF 9.9% AND MEDICAID OF 11.3%.

PROMOTION OF COMMUNITY HEALTH

I. 2012-2013 ANNUAL PROGRESS REPORT

A. THE COMMUNITY HOSPITAL FITNESS POINTE® THE GOAL OF FITNESS POINTE® IS TO PROVIDE OPPORTUNITIES FOR PERSONS OF NORTHWEST INDIANA TO

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IMPROVE AND MAINTAIN THEIR HEALTHY LIFE-STYLE HABITS, LOWERING THEIR RISKS FOR HEART DISEASE, STROKES, AND DIABETES. THE FACILITY WAS DEVELOPED TO ADDRESS FINDINGS OF OUR 1995 HEALTH ASSESSMENT THAT IDENTIFIED OPPORTUNITIES TO IMPROVE THE HEALTH STATUS OF OUR COMMUNITY. THE COMMUNITY HOSPITAL OPENED FITNESS POINTE® ON NOVEMBER 1, 1998. THE 73,191 SQ. FT. FACILITY HOUSES THE HOSPITAL'S OUTPATIENT PHYSICAL THERAPY , OUTPATIENT DIETARY COUNSELING, OUTPATIENT DIABETIC EDUCATION, CARDIAC REHABILITATION PHASE III AND REHAB PLUS, AND THE FITNESS POINTE® DEPARTMENTS. FITNESS POINTE® PROGRAMS ADDRESS HEALTH EDUCATION/WELLNESS, AND FITNESS-RELATED CONTENT AREAS. THE COMMUNITY EDUCATION OFFERINGS AND THE CONTRIBUTIONS OF THE HOSPITAL EMPLOYEES AND MEDICAL STAFF ARE VITAL PIECES IN ADDRESSING THE HEALTH DISPARITIES IN LAKE COUNTY, SUPPORTING A VARIETY OF DISEASE PREVENTION GOALS. MANY OF THE COMMUNITY EDUCATION CLASSES ORIGINALLY DEVELOPED AT FITNESS POINTE ARE NOW ALSO OFFERED AT THE COMMUNITY HOSPITAL OUTPATIENT CENTRE IN ST. JOHN, FURTHER EXPANDING THE SCOPE OF SERVICES. HEALTH EDUCATION/WELLNESS SERVICES THE COMMUNITY HEALTH ASSESSMENT INDICATED LAKE COUNTY RESIDENTS HAVE INCREASED RISK FOR

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HEART DISEASE AND CANCER COMPARED TO STATE AND NATIONAL STATISTICS. A VARIETY OF HEALTH EDUCATION AND WELLNESS PROGRAMS ARE OFFERED TO THE COMMUNITY AT LITTLE OR NO CHARGE TO IMPROVE KNOWLEDGE AND AWARENESS OF LIFE-STYLE RELATED RISKS FOR THESE DISEASES. FITNESS POINTE® PROVIDES A SUPPORTIVE ENVIRONMENT FOR AREA RESIDENTS TO MAINTAIN HEALTHY HABITS. RESEARCH INDICATES CERTAIN INDIVIDUALS ARE AT GREATER RISK FOR LIFE-STYLE RELATED DISEASES SUCH AS HEART DISEASE AND DIABETES BASED ON PHYSICAL MEASURES. FITNESS POINTE® SCREENINGS FOR THESE RISKS DURING MANDATORY FITNESS PROFILES ARE PERFORMED ON ALL NEW PROGRAM PARTICIPANTS. IN A STUDY IN CONJUNCTION WITH VALPARAISO UNIVERSITY AND THE HEART CENTER AT COMMUNITY, FITNESS POINTE® IDENTIFIED 1,321 INDIVIDUALS AT A SIGNIFICANTLY INCREASED RISK FOR DIABETES AND HEART DISEASE. OF THESE INDIVIDUALS, 700 OF THEM AT THE HIGHEST RISK LEVELS FOR HEART DISEASE AND DIABETES WERE INVITED TO UNDERGO ADDITIONAL SCREENING FOR BLOOD CHOLESTEROL, BODY MASS INDEX AND BLOOD PRESSURE. SOME OTHERS AT MODERATE TO HIGH RISK WERE TARGETED, THROUGH ADDITIONAL SCREENING AND LIFE-STYLE MODIFICATION, FOR INTERVENTION TO REDUCE THEIR RISK OF DISEASE. WITH 25%

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OF WHITE CHILDREN AND 33% OF AFRICAN AMERICAN AND HISPANIC CHILDREN BEING OVERWEIGHT ACCORDING TO 2001 STATISTICS, FITNESS POINTE HAS DEVELOPED PROGRAMS TO HELP ADDRESS THIS ISSUE. "FIT TRIP" IS A PROGRAM THAT BRINGS 1ST-3RD GRADE STUDENTS TO FITNESS POINTE FOR A 90 MINUTE INTRODUCTION AND EXPERIENCE WITH DIFFERENT TYPES OF EXERCISE COMBINED WITH BASIC NUTRITION TIPS. "TAKE 5 FOR LIFE" IS A PROGRAM DEVELOPED FOR 5TH GRADERS TO TEACH GOOD HEALTH, NUTRITION AND FITNESS HABITS WITHIN THE SCHOOL SETTING, AS WELL AS TO ENCOURAGE ACTIVITY. BASED ON THE HEALTH NEEDS AND INTERESTS OF THOSE PROGRAM ATTENDEES, PROGRAMS WERE DEVELOPED IN THE AREAS OF: WOMEN'S HEALTH, NUTRITION AND HEALTHY COOKING, RELAXATION, WEIGHT MANAGEMENT, SENIOR HEALTH, BACK AND OTHER ORTHOPEDIC HEALTH ISSUES, DIABETES MANAGEMENT, CANCER AWARENESS AND PREVENTION, HEART DISEASE RISK FACTOR AWARENESS AND SCREENING, MENTAL HEALTH, AND SMOKING CESSATION. THROUGH THE COLLABORATIVE EFFORTS OF THE COMMUNITY HOSPITAL'S WELLNESS SERVICES, PUBLIC RELATIONS, DIETARY SERVICES THERAPY, REHABILITATION, EDUCATION DEPARTMENT, NURSING SERVICES AND OTHERS, A QUARTERLY COMMUNITY EDUCATION CALENDAR CALLED "TAKE CARE!" IS CREATED. THE CALENDAR IS

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DISTRIBUTED TO MORE THAN 75,000 HOUSEHOLDS IN THE HOSPITAL'S SERVICE AREA, AND TO COMMUNITY CENTERS, PHYSICIAN OFFICERS, LIBRARIES AND OTHER PUBLIC LOCATIONS. IT FEATURES EDUCATIONAL AND SUPPORT PROGRAMS DESIGNED TO IMPROVE THE PHYSICAL, MENTAL, SAFETY, NUTRITIONAL AND SOCIAL WELL-BEING OF THE COMMUNITY.

WELLNESS EDUCATION PROGRAM AREAS

1. HEART DISEASE-RELATED PROGRAMMING INCLUDES ONGOING DAILY BLOOD PRESSURE SCREENING BY THE EXERCISE STAFF, BLOOD PRESSURE SCREENING OFFERED DURING PERIODIC EVENTS, A COMPREHENSIVE SERIES ABOUT CHOLESTEROL THAT INCLUDES A SCREENING AND EDUCATION ON CHOLESTEROL MANAGEMENT, SMOKING CESSATION CLASS, A STROKE AWARENESS LECTURE, A PRESENTATION ON NEW ADVANCED GENETIC TESTING FOR HEART DISEASE, PERIPHERAL ARTERIAL DISEASE SCREENINGS, AND A CLASS THAT HELPS INDIVIDUALS MAINTAIN THEIR HEALTH WHILE ON HEART MEDICATIONS. HEART DISEASE-RELATED SUPPORT GROUPS INCLUDE A HEART FAILURE SUPPORT GROUP, A GROUP FOR WOMEN WITH HEART

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DISEASE, AND MENDEDED HEARTS - A NATIONAL ORGANIZATION THAT WHEREBY SEASONED HEART DISEASE PATIENTS VISIT NEWLY DIAGNOSED PATIENTS IN THE HOSPITAL AFTER SURGERY OR A PROCEDURE. OTHER COMMUNITY PROGRAMS RELATED TO THE HEART INCLUDED HOW TO RAISE A HEART-SMART CHILD, PROPER NUTRITION FOR LOWERING CHOLESTEROL, INFANT-CHILD CPR, DIABETES AS IT RELATES TO THE HEART, AND A SERIES OF PROGRAMS AND WOMEN AND HEART DISEASE.

2. CANCER AWARENESS AND PREVENTION PROGRAMS INCLUDE: A DAY OF CANCER AWARENESS WITH SKIN CANCER SCREENINGS, AND A VAST PUBLIC AWARENESS CAMPAIGN ABOUT THE LATEST ADVANCES IN PROSTATE CANCER DETECTION AND TREATMENT, INCLUDING THE VALUE OF EARLY DETECTION AND FREE SCREENING SESSIONS. THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION LAUNCHED THE CANCER RESOURCE CENTRE, WHICH HOSTS A VARIETY OF FREE PROGRAMS, CLASSES AND SUPPORT GROUPS ABOUT LIVING WITH CANCER. A SPECIAL SEGMENT OF CLASSES WAS BORN WITH THE OPENING OF THE CANCER RESOURCE CENTRE - A SUPPORT PROGRAM OF THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION. HERE, THOSE FACING CANCER ATTEND FREE CLASSES SUCH AS YOGA, BREATHING THROUGH PAIN,

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LEARNING ABOUT COMPLEMENTARY THERAPIES, AND A VARIETY OF SUPPORT GROUPS.

3. DIABETES EDUCATION EFFORTS HAVE EXPANDED TO INCLUDE DIABETES MANAGEMENT CLASSES IN CONJUNCTION WITH EXERCISE. THIS IS IN ADDITION TO A BASIC DIABETES EDUCATION CLASS AND A DIABETES MANAGEMENT CLASS CERTIFIED BY THE AMERICAN DIABETES ASSOCIATION.

4. SENIOR TOPICS OFFERED AT FITNESS POINTE® INCLUDE FALL PREVENTION, UNDERSTANDING MANAGED CARE, UNDERSTANDING ADVANCED DIRECTIVES, UNDERSTANDING HOSPICE AND MEDICARE BENEFITS, HELP WITH DIZZINESS, MAKING SENSE OF MEDICAL TECHNOLOGY, MEDICATION SAFETY, URINARY INCONTINENCE PRESENTATION, A GRANDPARENT CLASS, AND A PROGRAM ON OSTEOPOROSIS.

5. ORTHOPEDIC PROGRAMS INCLUDE ARTHRITIS, TENDONITIS AND BURSITIS RECOGNITION AND MANAGEMENT, PREVENTION OF NECK AND LOW BACK PAIN, ATHLETIC FOOT AND ANKLE PROBLEMS, THE CARE AND TREATMENT OF KNEE, HIP,

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FOOT AND SHOULDER PROBLEMS, CERVICAL AND LUMBAR DISK PROBLEMS, A FALL PREVENTION AND BALANCE SCREENING PROGRAM, AND SPORTS INJURY PREVENTION.

6. NUTRITION PROGRAMS INCLUDE INDIVIDUAL NUTRITIONAL COUNSELING WITH A REGISTERED DIETITIAN, GROUP WEIGHT MANAGEMENT PROGRAMS, LUNCH & LEARN COOKING DEMONSTRATIONS, A CLASS ABOUT EMOTIONAL EATING, AND A CLASS ABOUT FAD DIETS AND PROPER NUTRITION.

7. MENTAL HEALTH RELATED PROGRAMS INCLUDE RELAXATION, STRESS MANAGEMENT, BREATHING EXERCISES, PROGRAMS ON COMPLEMENTARY THERAPIES, RECOGNIZING AND UNDERSTANDING DEPRESSION, AND LIFE MAPPING.

8. WOMEN'S WELLNESS PROGRAMS INCLUDE PRE-AND POST-NATAL EXERCISE, A SERIES ABOUT NUTRITION, SCREENING AND TREATMENT RELATED TO OSTEOPOROSIS, A COMPLETE HEALTH RETREAT FOR WOMEN, FIBROMYALGIA, GENETIC LINKS AND TESTING FOR CANCER, HORMONE REPLACEMENT THERAPY, STRENGTH TRAINING FOR WOMEN, AND HEADACHES IN WOMEN.

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9. FAMILY HEALTH PROGRAMS INCLUDE A PRENATAL CLASS, SIBLING CLASS, TAKING CARE OF BABY, KEEPING BABY SAFE AND HEALTHY, INFANT GROWTH AND DEVELOPMENT, FAMILY AND FRIENDS CPR, BREAST FEEDING CLASSES AND LACTATION CONSULTATIONS, LAMAZE, TEEN CHILDBIRTH EDUCATION, GRANDPARENT EDUCATION, FILMS ABOUT CESAREAN SECTIONS, POISON PREVENTION AND TREATMENT, ASK THE PEDIATRICIAN AND HOW TO RAISE A HEART-SMART CHILD, AND A PARENT SUPPORT GROUP.

PARTICIPATION IN HEALTH EDUCATION/WELLNESS PROGRAMS RANGES FROM AN AVERAGE OF 300-350 ATTENDEES A MONTH. APPROXIMATELY 20-30% OF THESE ATTENDEES ARE MEMBERS OF THE FITNESS POINTE® FACILITY WHILE 70-80% ARE NON-MEMBERS FROM THE GENERAL COMMUNITY. FITNESS PROGRAM AREAS THE AMERICAN HEART ASSOCIATION RECOGNIZES THE LACK OF REGULAR PHYSICAL EXERCISE AS A MAJOR RISK FACTOR FOR HEART DISEASE. REGULAR EXERCISE IS ASSOCIATED WITH BETTER HEART HEALTH, MENTAL WELL-BEING, WEIGHT MANAGEMENT, CANCER PREVENTION, DIABETES CONTROL, LOW BACK PAIN

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PREVENTION/RELIEF AND OTHER LIFESTYLE-RELATED DISEASES. FITNESS POINTE®'S GENERAL FITNESS MEMBERSHIP PROGRAM OFFERS A VARIETY OF EXERCISE PROGRAM OPTIONS DESIGNED TO MEET THE INDIVIDUAL NEEDS. INDIVIDUALS FROM THE COMMUNITY WHO TAKE ADVANTAGE OF THE GENERAL FACILITY MEMBERSHIP PROGRAM INCLUDE TRANSFERS FROM CARDIAC REHABILITATION AND PHYSICAL THERAPY, AND THOSE REFERRED BY THEIR PERSONAL PHYSICIAN. IN ADDITION, MANY ARE CORPORATE CUSTOMERS INTERESTED IN ENCOURAGING HEALTHIER EMPLOYEES, OR INDIVIDUALS LOOKING FOR AN OPPORTUNITY TO IMPROVE THEIR HEALTH ON THEIR OWN OR WITH A FRIEND OR FAMILY MEMBER. PRIOR TO USE OF THE FACILITY, INDIVIDUALS ARE SCREENED BY AN EXERCISE SPECIALIST TO DETERMINE MEDICAL OR PHYSICAL LIMITATIONS AND PRECAUTIONS. MEASUREMENTS COLLECTED ON PARTICIPANTS INCLUDE ENDURANCE, BODY COMPOSITION, RESTING BLOOD PRESSURE, FLEXIBILITY AND A HISTORY OF MEDICAL INFORMATION AND LIFESTYLE HABITS. AN INDIVIDUALIZED PROGRAM OF CARDIOVASCULAR CONDITIONING, MUSCULAR TRAINING AND FLEXIBILITY EXERCISES IS DEVELOPED BASED ON THE INDIVIDUAL INTERESTS AND NEEDS. GROUP EXERCISE CLASSES ARE CONDUCTED ON A WEEKLY BASIS AT FITNESS POINTE®. CLASSES INCLUDE TRADITIONAL LOW IMPACT, REGULAR AND STEP

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AEROBICS, WATER AEROBICS, YOGA, REIKI, PILATES, ROWING, CYCLING,  
RELAXATION/STRETCHING, ETC. ALL CLASSES ARE AVAILABLE TO MEMBERS. CLASSES  
ALSO ARE OFFERED ON HOW TO EXERCISE AT HOME, INCLUDING FITNESS AT HOME,  
PILATES AT HOME, AWESOME ABS, AND YOGA AT HOME. MANY CLASSES ARE ALSO  
OPEN TO NON-MEMBERS FROM THE COMMUNITY. THESE INCLUDE:           A) AWESOME  
ABS           B) FITNESS AT HOME           C) FITNESS INSTRUCTOR TRAINING           D)  
TEENS GET FIT           E) WOMEN'S FITNESS EXPRESS           F) INTRODUCTION TO  
BASIC SELF DEFENSE AND SELF DEFENSE II           G) PILATES AT HOME           H)  
YOGA & DAILY LIFE IN A COOPERATIVE PROGRAM WITH THE TOWN OF MUNSTER PARKS  
AND RECREATION DEPARTMENT, GROUP EXERCISE CLASSES WERE OFFERED JOINTLY.  
THE MUNSTER POLICE DEPARTMENT OFFERS BASIC AND ADVANCED SELF DEFENSE  
CLASSES FOR FREE SEVERAL TIMES A YEAR. COMMUNITY HEALTH/FITNESS EVENTS  
FITNESS POINTE® CELEBRATED NATIONAL GREAT AMERICAN SMOKE-OUT WITH FREE  
PROGRAMMING & INCENTIVES FOR PEOPLE TO STOP SMOKING. FITNESS POINTE®  
CONTINUES ITS PARTNERSHIPS WITH AREA UNIVERSITIES, OFFERING STAFF AND  
FACILITIES TO EDUCATE FOR COLLEGE CREDIT NUTRITION AND FITNESS STUDENTS  
OF PURDUE UNIVERSITY CALUMET AND INDIANA UNIVERSITY; AS WELL AS CLINICAL

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ROTATIONS FOR POST GRADUATE PHYSICAL THERAPISTS, BACCALAUREATE AND GRADUATE NURSES AND EXERCISE SCIENCE/PHYSIOLOGY STUDENTS FROM OTHER STATE UNIVERSITIES.

FITNESS POINTE PROVIDES A NUTRITION DAY EVENT, "EAT SMART DAY" WHICH INCLUDES HEALTHY NUTRITION DISPLAYS, LECTURES AND DEMONSTRATIONS TO ENCOURAGE BETTER NUTRITION HABITS FOR THE PUBLIC. FITNESS POINTE OFFERS THE "NEW HEALTHY ME" PRODUCT LINE OF EMPLOYEE WELLNESS SERVICES TO EMPLOYEES OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS EMPLOYEES OF REGIONAL COMPANIES. RESULTS OF PARTICIPANTS HAVE DEMONSTRATED LOWER HEALTH CLAIMS FOR PARTICIPANTS. CARDIAC REHABILITATION OUR OWN ASSESSMENT FOUND THAT DESPITE SIGNIFICANT BENEFITS OF CARDIAC REHABILITATION, ONLY ABOUT 45 PERCENT OF OUR INPATIENT HEART SURGERY POPULATION IS REFERRED TO CARDIAC REHABILITATION, PHASE 2. IN RESPONSE TO THE FACT THAT THOSE WHO CONTINUE CARDIAC REHAB THROUGH PHASE 3 ARE LIKELY TO MAINTAIN THEIR LIFESTYLE, FITNESS POINTE NOW OFFERS REHAB PLUS IN PLACE OF PHASE IV CARDIAC REHAB. SINCE FITNESS POINTE® HAS OPENED,

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MORE THAN 575 CARDIAC REHABILITATION GRADUATES AND AN AVERAGE OF 10

PHYSICAL THERAPY GRADUATES PER MONTH HAVE TRANSITIONED TO GENERAL

MEMBERS. A DISCOUNT RATE IS OFFERED TO ENCOURAGE AND SUPPORT THEIR

CONTINUED REHAB IN A GENERAL FITNESS SETTING.

FITNESS POINTE® PROGRAM STATISTICS

FITNESS POINTE® PROGRAMS AND SERVICES ARE OFFERED TO THE PUBLIC. THE

AVERAGE AGE OF PROGRAM ATTENDEES IS 49 YEARS OF AGE, WHILE 52% OF

PARTICIPANTS WERE 50+ YEARS OF AGE. SINCE FITNESS POINTE® IS INTERESTED

IN MEETING NEEDS NOT ALREADY BEING MET IN THE COMMUNITY, IT IS IMPORTANT

TO NOTE THAT MORE THAN 70% OF PARTICIPANTS REPORT THEY HAVE NEVER

PREVIOUSLY BEEN A MEMBER OF A FITNESS FACILITY. FITNESS POINTE® SERVICES

RECORD MORE THAN 35,000 VISITS PER MONTH. APPROXIMATELY 2,000 INDIVIDUALS

HAVE TRANSFERRED TO THE FACILITY MEMBERSHIP PROGRAM FROM CARDIAC REHAB

AND PHYSICAL THERAPY TO CONTINUE THEIR REHABILITATIVE MAINTENANCE. SHORT

TERM GOALS TO OFFER SERVICES THAT MEET THE INTERESTS AND HEALTH NEEDS OF

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THE COMMUNITY. PROVIDE ONGOING STAFF DEVELOPMENT AND TRAINING TO  
 PROVIDE THE HIGHEST QUALITY CUSTOMER SERVICE. PROVIDE THE BEST SERVICES  
 AT THE LOWEST POSSIBLE PRICE. CONTINUE DATABASE DOCUMENTATION TO  
 DETERMINE SHORT AND LONG TERM EFFECTS OF PROGRAMS. CONTINUE INTEGRATION  
 OF FITNESS POINTE® SERVICES WITH OTHER HOSPITAL SERVICES TO BECOME A  
 SIGNIFICANT PART OF THE COMMUNITY HOSPITAL CONTINUUM OF CARE. IDENTIFY  
 APPROPRIATE PARTNERSHIPS TO STRENGTHEN THE QUALITY AND SCOPE OF SERVICES  
 OFFERED. IDENTIFY RESEARCH OPPORTUNITIES IN THE AREAS OF HEALTH PROMOTION  
 AND DISEASE PREVENTION

B. PREVENTION/WELLNESS AT COMMUNITY  
 COMMUNITY'S PREVENTION/WELLNESS PROGRAM FOCUSES ON PROMOTING AWARENESS OF  
 CARDIOVASCULAR DISEASE, REDUCING THE INCIDENCE OF HEART DISEASE AND  
 IMPROVING THE QUALITY OF LIFE THROUGH AN INTEGRATED CARDIOVASCULAR HEALTH  
 SERVICES DELIVERY SYSTEM. DURING THE 2012-2013 FISCAL YEAR, COMMUNITY  
 CONTINUED TO OFFER VARIOUS LEVELS OF CARDIAC AND VASCULAR SCREENINGS AT A  
 SUBSTANTIAL DISCOUNT. ALL LEVELS OF SCREENING PUT AN EMPHASIS ON

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DIRECTING THE SCREENING PARTICIPANTS TO A VARIETY OF WELLNESS PROGRAMS OFFERED THROUGH THE HOSPITAL AND FITNESS POINTE®. FITNESS POINTE® CONTINUES TO SUPPORT THE WELLNESS PROGRAMS CREATED TO BETTER SERVE THE HEALTH NEEDS OF OUR COMMUNITY AND SUPPORT THE IMPORTANCE OF RISK FACTOR MODIFICATION THROUGH LIFE-STYLE AND BEHAVIOR CHANGES.

THE CORONARY HEALTH APPRAISAL IS OFFERED THROUGHOUT THE COMMUNITY HEALTHCARE SYSTEM AT A REDUCED COST OF \$30. THIS SCREENING NOT ONLY MEASURES CHOLESTEROL LEVELS, HEMOGLOBIN A1C, AND BLOOD PRESSURE, BUT ALSO EVALUATES INDIVIDUALS WHO MEET THE CRITERIA FOR METABOLIC SYNDROME. A TOTAL OF 88 PEOPLE WERE SCREENED BETWEEN COMMUNITY HOSPITAL AND COMMUNITY HOSPITAL OUTPATIENT CENTER-ST. JOHN. THIRTY PERCENT OF PARTICIPANTS WERE FOUND TO MEET THE CRITERIA FOR METABOLIC SYNDROME.

DURING THE 2012-2013 FISCAL YEAR, COMMUNITY HOSPITAL CONTINUED TO OFFER THE FAST CT HEART SCAN. THIS TEST IS SELF REFERRED AND NO DOCTOR ORDER IS NEEDED. PARTICIPANTS PAY \$200. THIS PROCEDURE HELPS TO DETECT HEART

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DISEASE IN ITS EARLIEST STAGES. THIRTY-SIX INDIVIDUALS PARTICIPATED IN  
THE SCREENING.

THE CARDIAC REHABILITATION STAFF CONDUCTS A MONTHLY SCREENING FOR  
PERIPHERAL ARTERIAL DISEASE, OR PAD. INDIVIDUALS AT RISK FOR PAD ARE  
SMOKERS, DIABETICS AND CARDIAC PATIENTS. THE SCREENING TARGETS  
INDIVIDUALS WHO WOULD NEED FURTHER TESTING AND POSSIBLY INTERVENTION TO  
TREAT THE DISEASE. FOLLOWING THE PUBLIC SCREENING, PARTICIPANTS ARE  
EDUCATED ON THE DISEASE AND HOW TO PREVENT OR MANAGE IT. THE SCREENING  
COSTS \$10 AND FOLLOW-UP EDUCATION LECTURES ARE CONDUCTED PERIODICALLY AT  
NO CHARGE. THIS PAST FISCAL YEAR, 52 INDIVIDUALS WERE SCREENED. IN  
ADDITION, EACH SEPTEMBER, COMMUNITY HOSPITAL PARTICIPATES IN THE NATIONAL  
LEGS FOR LIFE PERIPHERAL ARTERIAL DISEASE SCREENING CAMPAIGN. THIS FREE  
PAD SCREENING OFFERED TO THE PUBLIC IS ONE MORE WAY WE REACH OUT TO THE  
COMMUNITY AND PROVIDE A NEEDED SERVICE TO OUR POPULATION. THE SCREENING  
DRAWS ABOUT 150 PARTICIPANTS FROM AROUND THE AREA.  
CARDIAC REHABILITATION PHASE 3 OFFERS A FREE MONTHLY BLOOD PRESSURE

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SCREENING AT FITNESS POINTE. THE CARDIAC REHABILITATION STAFF IS OFTEN ASKED TO TAKE BLOOD PRESSURES OR PARTICIPATE IN OTHER WAYS WHEN OTHER HOSPITAL DEPARTMENTS SPONSOR HEALTH FAIRS. AS AN ADDED SERVICE, FREE OF CHARGE, THE CARDIAC REHABIITATION STAFF OFFERS ITS FORMER MEMBERS THE OPPORTUNITY TO GET A BLOOD PRESSURE, OXIMETER READING, OR HEART RHYTHM QUICK LOOK WHILE THEY ARE EXERCISING AT FITNESS POINTE®.

TWO DIABETES SCREENINGS WERE CONDUCTED FREE OF CHARGE DURING THE YEAR. FORTY-EIGHT INDIVIDUALS HAD THEIR FASTING BLOOD SUGAR TESTED. A FEW INDIVIDUALS MET THE CRITERIA FOR DIABETES, WHILE APPROXIMATELY 50% WERE FOUND TO BE PRE-DIABETIC. BASIC INFORMATION REGARDING PRE-DIABETES WAS GIVEN AND PARTICIPANTS THAT MET THE CRITERIA FOR DIABETES WERE INSTRUCTED TO FOLLOW-UP WITH THEIR PHYSICI AN FOR FURTHER TESTING.

WE CONTINUE TO TRACK INDIVIDUALS IN OUR DATABASE WHO GO THROUGH OUR SCREENING PROGRAMS TO DETERMINE TO WHAT DEGREE THIS EARLY INTERVENTION WILL HELP LOWER THE RISK FOR DEVELOPING HEART DISEASE. IN ADDITION TO THE DATABASE, OUR RISK FACTOR ANALYSIS SOFTWARE PROGRAM ALLOWS US TO HAVE THE MOST UP-TO-DATE DATA AVAILABLE. THIS SOFTWARE ENABLES US TO PREPARE

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REPORTS THAT EDUCATE INDIVIDUALS ABOUT HOW THEIR HEALTH STATUS PLACES THEM AT RISK FOR DEVELOPING HEART DISEASE, AND PROVIDES RECOMMENDATIONS AND SUPPORT IN MAKING HEALTHY LIFE-STYLES CHOICES THAT CAN LOWER THEIR RISK. THEREFORE, WE CAN ASSIST THEM IN PARTICIPATING IN ONE OF OUR WELLNESS EDUCATION PROGRAMS BEST SUITED TO THEIR INDIVIDUAL NEEDS. OUR DATABASE INCLUDES PATIENTS FROM OUR VARIOUS CARDIOVASCULAR OUTPATIENT CLINICS SUCH AS THE HEART FAILURE TREATMENT CLINIC, LIPID CLINIC AND CARDIAC REHABILITATION. THIS ALLOWS US TO TRACK OUR CARDIOVASCULAR PATIENTS AND BETTER MANAGE THEIR OUTCOMES AND TREATMENT OPTIONS. THROUGH THIS DATABASE, WE HAVE BEEN ABLE TO PERFORM INTERNAL RESEARCH ACTIVITIES THAT MEASURE THE OUTCOMES OF PATIENTS WITH HEART DISEASE AND HEART FAILURE SO WE CAN BETTER MANAGE THESE CONDITIONS AND PREVENT RECURRENT EVENTS. TO CONTINUE TO BETTER SERVE OUR PATIENT POPULATION, OUR CARDIOVASCULAR RESEARCH DEPARTMENT FOCUSES ON REDUCING CARDIOVASCULAR MORBIDITY AND MORTALITY IN OUR COMMUNITIES BY PARTICIPATING IN CLINICAL RESEARCH INITIATIVES DESIGNED TO PROMOTE EARLY DETECTION, DIAGNOSIS AND TREATMENT OF CARDIOVASCULAR AND PERIPHERAL VASCULAR DISEASE.

**Part VI Supplemental Information**

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COMMUNITY HOSPITAL DOCTORS AND STAFF PRESENTED A VARIETY OF PUBLIC LECTURES FREE OF CHARGE. THE PROGRAMS INLCUDED INFORMATION ON MANAGING AND CONTROLLING CHOLESTEROL, HEART ARRHYTHMIA, AND DIAGNOSTIC TESTS FOR THE HEART.

FINALLY, PREVENTION/WELLNESS SERVICES DONATES GIFT CERTIFICATES FOR BOTH THE HEART SCAN AND CORONARY HEALTH APPRAISAL. THE CERTIFICATES ARE MADE AVAILABLE TO CHARITABLE ORGANIZATIONS AND CERTAIN COMMUNITY HOSPITAL SPONSORED EVENTS.

C. CANCER PROGRAM COMMUNITY HOSPITAL CANCER PROGRAM IS APPROVED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER IN THEIR "COMMUNITY HOSPITAL COMPREHENSIVE CANCER PROGRAM" CATEGORY. APPROVAL OF OUR CANCER PROGRAM QUALIFIES COMMUNITY HOSPITAL TO PARTNER WITH THE COMMISSION ON CANCER IN THE AMERICAN CANCER SOCIETY'S NATIONAL CANCER INFORMATION AND REFERRAL PROJECT, SHARING INFORMATION ON RESOURCES AND CANCER EXPERIENCE

**Part VI Supplemental Information**

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FOR THE AMERICAN CANCER SOCIETY'S NATIONAL CALL CENTER AND WEB SITE, KEY SOURCES OF CANCER INFORMATION AND GUIDANCE FOR THE PUBLIC. THIS INDICATES THAT COMMUNITY HOSPITAL MEETS THE STANDARDS OF THE COMMISSION ON CANCER IN ORGANIZATION AND MANAGEMENT OF OUR PROGRAM ENSURING MULTIDISCIPLINARY, INTEGRATED AND COMPREHENSIVE ONCOLOGY SERVICES. IN ADDITION, COMMUNITY HOSPITAL MEETS THEIR PERFORMANCE MEASURES FOR HIGH-QUALITY CANCER CARE. AN APPROVED PROGRAM ENSURES OUR PATIENTS RECEIVE QUALITY CARE CLOSE TO HOME AND ACCESS TO A MULTI-SPECIALTY TEAM APPROACH TO COORDINATE THE BEST TREATMENT OPTIONS. THE PROGRAM ALSO PROVIDES THE COMMUNITY WITH ACCESS TO CANCER-RELATED INFORMATION, EDUCATION AND SUPPORT, AND OFFERS LIFELONG PATIENT FOLLOW-UP, ONGOING MONITORING AND IMPROVEMENT OF CARE AND INFORMATION ABOUT ONGOING CANCER CLINICAL TRIALS AND NEW TREATMENT OPTIONS. A REGISTRY COLLECTS DATA ON TYPE AND STAGE OF CANCERS AND TREATMENT RESULTS. CANCER PROGRAM LEADERSHIP USES CANCER REGISTRATION DATA INCLUDING LIFELONG FOLLOW UP TO EVALUATE CLINICAL OUTCOMES COMPARED TO THOSE IN OTHER PROGRAMS. THEY ALSO USE THE DATA TO TRACK PATTERNS OF ACCESS, CARE AND REFERRAL, ALLOCATE AND PRIORITIZE RESOURCES, AND TARGET

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SERVICES AND PROGRAMS TO ADDRESS THE HEALTH CARE NEEDS OF OUR SERVICE AREA. AMERICAN COLLEGE OF SURGEONS ACCREDITED CANCER PROGRAM PROVIDING A WIDE RANGE OF SERVICES TO OUR PATIENTS WITH CANCER IS THE MULTIDISCIPLINARY CANCER COMMITTEE. THIS COMMITTEE COMPOSED OF PATHOLOGISTS, SURGEONS, ONCOLOGISTS, RADIATION ONCOLOGISTS, CLINICAL AND NURSING STAFF, AND CANCER REGISTRY PERSONNEL, HOSTS WEEKLY TUMOR CONFERENCES TO REVIEW CLINICAL FINDINGS, PAST HISTORY AND RADIOLOGIC AND PATHOLOGIC TREATMENT OPTIONS. CANCER EDUCATION CANCER EDUCATION PROGRAMS HELD OVER THE PAST YEAR INCLUDE THOSE DIRECTED AT COLON CANCER PREVENTION, BREAST SELF-EXAMINATION, THE IMPORTANCE OF PAP SMEARS, SMOKING CESSATION, AND THE IMPORTANCE OF EARLY DETECTION OF PROSTATE CANCER. IN ADDITION, SEVERAL NEW COMMUNITY EDUCATION PROGRAMS WERE INTRODUCED TO RAISE PUBLIC AWARENESS OF ISSUES AFFECTING THE PREVENTION AND EARLY DETECTION OF CANCER. SOME OF THESE NEW PROGRAMS ALSO HELPED MEMBERS OF THE COMMUNITY BETTER MANAGE SIDE EFFECTS FROM CANCER TREATMENTS, WHILE OTHER EFFORTS WERE DIRECTED AT HELPING PATIENTS MAKE COMPLEX TREATMENT DECISIONS. FORMED THE COMMUNITY HOSPITAL CANCER

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RESEARCH FOUNDATION IN 2001, A SEPARATE NOT-FOR-PROFIT CORPORATION TO RAISE OUTSIDE FINANCIAL SUPPORT. THE PURPOSE OF THIS FOUNDATION IS TO REDUCE CANCER MORBIDITY AND MORTALITY IN THE COMMUNITY BY SUPPORTING AND ADVANCING CANCER DETECTION, DIAGNOSIS, TREATMENT AND EDUCATION/PREVENTION AND BY PROMOTING THE ACQUISITION OF KNOWLEDGE THROUGH CLINICAL RESEARCH. CLINICAL TRIALS OFFERED INCLUDED THOSE FOR BREAST AND COLON CANCER, MELANOMA, MULTIPLE MYELOMA AND MANY GYNECOLOGICAL CANCERS. IN THE EFFORT TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS, THE HOSPITAL MAINTAINS ASSOCIATION IN WITH FEDERALLY SPONSORED COOPERATIVE GROUPS TO IMPROVE PATIENT AND PHYSICIAN ACCESS TO CANCER RESEARCH TRIALS. SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), ONE PROGRAM IS KNOWN AS THE CANCER TRIALS SUPPORT UNIT. IT IS SUPPORTING THE DEVELOPMENT OF A NATIONAL NETWORK OF PATIENTS AND PHYSICIANS TO PARTICIPATE IN NCI- CANCER TREATMENT TRIALS. NCI HAS TAKEN STEPS THROUGH THIS PROGRAM TO BRING TOGETHER RESEARCH COOPERATIVES FROM AROUND THE U.S. AND CANADA. THE EFFORT RECOGNIZES THAT MORE PATIENTS AND PHYSICIANS COULD BECOME INVOLVED IN CANCER RESEARCH TRIALS WITH ADDED SUPPORT. TYPICALLY

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NCI RESEARCH COOPERATIVES OPEN TRIALS ONLY TO INDIVIDUAL MEMBERS, WHICH ARE OFTEN ACADEMIC INSTITUTIONS THAT CAN ACQUIRE LARGE NUMBERS OF PATIENTS AND HAVE THE FINANCIAL BACKING TO FACILITATE THE WORK. THROUGH THE CLINICAL TRIALS SUPPORT UNIT, COMMUNITY HOSPITAL GAINS ACCESS TO CLINICAL RESEARCH TRIALS FROM EIGHT DIFFERENT RESEARCH COOPERATIVES. THE PROGRAM ALSO IS PROVIDING FINANCIAL ASSISTANCE AND IS WORKING TO REDUCE REGULATORY AND ADMINISTRATIVE BURDENS, AND TO STREAMLINE AND STANDARDIZE DATA COLLECTION AND REPORTING. IN ADDITION, THE HOSPITAL HAS MEMBERSHIP WITH THE NATIONAL SURGICAL ADJUVANT BREAST AND BOWEL PROGRAM (NSABP), THE GYNECOLOGY ONCOLOGY GROUP (GOG), AND THE HOOSIER ONCOLOGY GROUP (HOG) WHICH ARE ALL FEDERALLY FUNDED COOPERATIVE RESEARCH GROUPS.

THE COMMUNITY HOSPITAL CANCER RESEARCH FOUNDATION OPENED THE CANCER RESOURCE CENTRE IN MUNSTER - A NON-MEDICAL RESOURCE HAVEN FOR THOSE SEEKING INFORMATION ABOUT CANCER. THE CENTRE HOLDS FREE COMMUNITY PROGRAMS AND SUPPORT/NETWORKING GROUPS, AND HAS AN EXTENSIVE LIBRARY WITH TWO COMPUTER TERMINALS FOR INTERNET ACCESS. THE CENTRE OPENED IN JUNE OF

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2003, AND ALL SERVICES AND PROGRAMS ARE FREE.

D. BREAST CANCER - AN ON-GOING COMMUNITY-BASED EDUCATION INITIATIVE

CONTINUES TO IDENTIFY WOMEN WHO ARE AT HIGH RISK FOR DEVELOPING BREAST CANCER. A COMPUTERIZED MODEL DEVELOPED BY THE NATIONAL CANCER INSTITUTE WAS USED AS A BASIS FOR IDENTIFYING WOMEN AND EDUCATING THE PUBLIC ON FACTORS THAT MOST DIRECTLY INCREASE THE RISK OF DEVELOPING BREAST CANCER. IN OCTOBER 1999, COMMUNITY HOSPITAL BEGAN CONDUCTING A FREE BREAST CANCER RISK ASSESSMENT ON ALL MAMMOGRAPHY PATIENTS OVER THE AGE OF 35 TO IDENTIFY PATIENTS WHO MAY BE AT HIGH RISK FOR BREAST CANCER. A LETTER WAS DEVELOPED BY THE HOSPITAL TO COMMUNICATE TEST RESULTS TO PATIENTS, NOTIFY HIGH RISK PATIENTS OF THEIR RISK STATUS AND ADVISE VARIOUS TREATMENT OPTIONS THEY MAY DISCUSS WITH THEIR PHYSICIAN. THE HOSPITAL ALSO OFFERS FREE CONSULTATION SERVICES OF OUR NURSE PRACTITIONER/BREAST HEALTH NAVIGATOR AT THE WOMEN'S DIAGNOSTIC CENTER IN CONJUNCTION WITH THESE TEST RESULTS. MORE THAN 16,000 WOMEN COMPLETED THE BREAST CANCER RISK ASSESSMENT THROUGH THE FISCAL YEAR ENDING JUNE 30, 2013. OVER 4%

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OF THE WOMEN WHO COMPLETED THE BREAST RISK ASSESSMENT AT COMMUNITY HOSPITAL WERE IDENTIFIED TO HAVE A LIFETIME RISK ASSESSMENT OF 20% OR GREATER. THE INTENT OF THESE EFFORTS IS TO BETTER INFORM WOMEN OF THE RISK FACTORS THAT INCREASE THEIR CHANCES OF DEVELOPING BREAST CANCER AND TO PROVIDE EDUCATION ABOUT ADDITIONAL TREATMENT OPTIONS IF THEY ARE AT ELEVATED RISK. THE AMERICAN CANCER SOCIETY RECOMMENDS ANNUAL BREAST MRI IN ADDITION TO YEARLY MAMMOGRAPHY FOR WOMEN WHO HAVE A LIFETIME RISK ASSESSMENT FOR BREAST CANCER OF 20% OR GREATER, AND THIS RECOMMENDATION IS COMMUNICATED IN EACH HIGH RISK PATIENT'S REPORT AND PATIENT LETTER. IN ADDITION TO A BREAST MRI, PATIENTS WITH AN ELEVATED LIFETIME RISK FOR BREAST CANCER MAY ALSO BENEFIT FROM CONSULTATION WITH A MEDICAL GENETICIST AND/OR HIGH RISK BREAST CLINIC.

E. PROSTATE CANCER. A FREE PROSTATE CANCER SCREENING FOR THE PUBLIC WAS HELD IN SEPTEMBER OF 2012 WITH 89 PARTICIPANTS TAKING ADVANTAGE OF THE DIGITAL RECTAL EXAM AND PSA. THE SCREENING WAS MADE POSSIBLE THROUGH A JOINT EFFORT ON BEHALF OF THE HOSPITAL AND THE PHYSICIANS WHO DONATED

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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

THEIR TIME. OF THOSE TAKING PART IN THE SCREENING 2% HAD ABNORMAL DIGITAL  
 RECTAL EXAMS, 11% HAD ABNORMAL PSA RESULTS. THESE RESULTS ARE FORWARDED  
 FOR EVALUATION AND TREATMENT. CANCER SCREEENING: IN APRIL 2013, 13  
 PARTICIPANTS WERE SCREENED FOR ORAL ,HEAD, AND NECK CANCER. THREE (24%)  
 WERE REFERRED FOR FURTHER EVALUATION.

AFFILIATED HEALTH CARE SYSTEM

COMMUNITY HOSPITAL IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE  
 SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING  
 COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE  
 WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

FACILITY REPORTING GROUPS

SEE REQUIRED DESCRIPTIONS

PART III, LINE 8

COST REPORT	(14,800,993)
MEDICARE MANAGED CARE	(3,025,980)
FEE-BASED OUTPATIENT CHARGES	(5,406,902)
DISALLOWED MEDICARE EXPENSES	(15,102,093)
TOTAL (SHORTFALL)	(38,335,968)

PART V, LINE 20D

OUR MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE ARE BASED ON A SLIDING SCALE. UP TO 200% OF FEDERAL POVERTY GUIDELINES (FPG) IS 100% FREE CARE. 201% -250% IS DISCOUNTED 80%. 251%-300% IS DISCOUNTED 60%.

PATIENTS MAY ALSO BE ELIGIBLE FOR SELF-PAY/PROMPT PAY DISCOUNTS

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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REGARDLESS OF THE FEDERAL POVERTY LEVEL. WE OFFER 30% DISCOUNT TO TRUE

SELF-PAY ACCOUNTS AND A 10% DISCOUNT TO PROMPT PAY ACCOUNTS.