

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

MEMORIAL HOSPITAL OF SOUTH BEND, INC

Employer identification number

35-0868132

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			4,079,772.		4,079,772.	1.09
b Medicaid (from Worksheet 3, column a)			69,012,870.	46,871,248.	22,141,662.	5.92
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			73,092,642.	46,871,248.	26,221,434.	7.01
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			9,554,094.	1,853,659.	7,700,435.	2.06
f Health professions education (from Worksheet 5)			6,051,441.	1,422,850.	4,628,591.	1.24
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			734,809.	566,473.	168,336.	.05
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,481,795.	303,449.	1,178,346.	.31
j Total. Other Benefits			17,822,139.	4,146,431.	13,675,708.	3.66
k Total. Add lines 7d and 7j.			90,914,781.	51,017,679.	39,897,142.	10.67

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

Schedule H (Form 990) 2012

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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?	1	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.	2		
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.	3		
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)	5	78,085,128.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	82,536,967.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,451,839.
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?	9a	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	9b	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 (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 MEMORIAL HOSPITAL OF SOUTH BEND, INC

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8c.

Part V Facility Information (continued)

Financial Assistance Policy MEMORIAL HOSPITAL OF SOUTH BEND, INC		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	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	
11	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>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	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	
16	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:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	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
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) MEMORIAL HOSPITAL OF SOUTH BEND, INC

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
19	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)

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.

20		X

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.

21		X

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)
1 MEMORIAL SLEEP DISORDER CENTER 53990 CARMICHAEL DRIVE SOUTH BEND IN 46601	OUTPATIENT CLINIC PROVIDING SLEEP RELATED DIAGNOSIS AND TREATMENT
2 MEMORIAL HEALTH PLEX 111 W JEFFERSON ST SOUTH BEND IN 46601	OUTPATIENT REHABILITATION FACILITY AND FITNESS FACILITY
3 MEMORIAL BREAST CARE CENTER 100 NAVARRE PLACE SOUTH BEND IN 46601	OUTPATIENT DIAGNOSIS AND TREATMENT
4 MEMORIAL CHILDREN'S THERAPY CENTER 100 NAVARRE PLACE SOUTH BEND IN 46601	OUTPATIENT DIAGNOSIS AND TREATMENT
5 MEMORIAL RADIOLOGY 100 NAVARRE PLACE SOUTH BEND IN 46601	OUTPATIENT DIAGNOSIS AND TREATMENT
6 MEMORIAL LIGHTHOUSE PHYSICAL THERAPY 6913 N MAIN STREET GRANGER IN 46530	OUTPATIENT DIAGNOSIS AND TREATMENT
7 	
8 	
9 	
10 	

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.

PART I, LINE 3C

NOT APPLICABLE

PART I, LINE 6A

CREATING COMMUNITY HEALTH IS AT THE CORE OF MEMORIAL HOSPITAL OF SOUTH BEND, INC.'S MISSION. PROMOTION OF COMMUNITY HEALTH IS OUR SOCIAL RESPONSIBILITY AND A KEY TO LONG-TERM COST EFFECTIVENESS. IN ADDITION, IMPROVING THE HEALTH STATUS OF A COMMUNITY IS AS MUCH A SOCIAL, ECONOMIC AND ENVIRONMENTAL ISSUE, AS IT IS A MEDICAL ONE. CONSEQUENTLY, THE ORGANIZATION TAKES A BROAD APPROACH TO CREATING COMMUNITY HEALTH. THIS APPROACH HAS INCLUDED: ONGOING EDUCATION OF BOARD MEMBERS, STAFF AND LOCAL LEADERS THROUGH COMMUNITY PLUNGES (EXPERIENTIAL ACTIVITIES TO INVOLVE THE COMMUNITY RESIDENTS WITH A NEIGHBORHOOD-BASED AGENCY), COMMUNITY FOUNDATION SUPPORT, STRATEGIC ALLOCATION OF TITHING RESOURCES, A CLEAR STATEMENT OF VISION AND GOALS, A COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT AND PROMOTION OF VOLUNTEER INVOLVEMENT AND COMMUNITY PARTNERSHIPS.

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.

MEMORIAL HOSPITAL TITHES 10% OF THE PREVIOUS YEAR'S BOTTOM LINE AND TRANSFERS IT TO THE COMMUNITY BENEFIT FUND FOR INVESTMENT IN THE COMMUNITY. THIS INVESTMENT IS IN ADDITION TO THE HOSPITAL'S CHARITY CARE AND PREVENTION AND EDUCATION ACTIVITIES SUPPORTED THROUGH ITS OPERATING BUDGET. THE COMMUNITY HEALTH ENHANCEMENT COMMITTEE OF THE BOARD MAKES ONGOING POLICY AND OVERSEES THE ADMINISTRATION OF THE FUND AND DETERMINES SPECIFIC INVESTMENT ALLOCATIONS BASED UPON THE ASSETS AND NEEDS OF THE COMMUNITY. VOLUNTEERS AND STAFF ARE COMMITTED TO PRUDENTLY INVESTING THESE RESOURCES IN AN ACCOUNTABLE MANNER.

AS A COMMUNITY NOT-FOR-PROFIT ORGANIZATION, WE TAKE SERIOUSLY OUR RESPONSIBILITY TO INVEST OUR RESOURCES AND ENERGIES INTO UNDERSTANDING AND MEETING THE DIVERGENT HEALTH CARE NEEDS OF ALL, AND ENSURE THAT EVERYONE, REGARDLESS OF THEIR ABILITY TO PAY, RECEIVES THE CARE THEY NEED. MEMORIAL HAS LONG BEEN RECOGNIZED FOR THE COLLABORATION EFFORTS WHICH ENGAGE INDIVIDUALS AND ORGANIZATIONS WITH DIVERSE SOCIO-ECONOMIC

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.

RELIGIOUS, ETHNIC, RACE, AGE, AND GENDER IDENTITY CHARACTERISTICS.

OUR TEAM OF PASSIONATE AND DEDICATED HEALTH CARE PROFESSIONALS, ALONG WITH MANY PARTNERS THROUGHOUT THE NORTHERN INDIANA AND SOUTHERN MICHIGAN (MICHIANA) REGION, HELPED US CONTRIBUTE SIGNIFICANTLY TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY. FURTHER, MEMORIAL PLAYS A KEY ROLE IN SERVING THE COMMUNITY AS A WHOLE.

IN 2011, PUBLIC HEALTH SYSTEM PARTNERS OF ST. JOSEPH COUNTY CONVENED MEETINGS TO COMPLETE AN ASSESSMENT PROCESS TO EVALUATE HOW WELL THEY ARE SERVING THE PUBLIC HEALTH AND HEALTHCARE NEEDS OF THE COUNTY'S RESIDENTS. THE INDIANA STATE DEPARTMENT OF HEALTH, IN COLLABORATION WITH PURDUE UNIVERSITY'S HEALTHCARE TECHNICAL ASSISTANCE PROGRAM - POPULATION HEALTH INITIATIVES PROGRAM CREATED THIS OPPORTUNITY FOR ALL LOCAL PUBLIC HEALTH SYSTEM PARTNERS TO IDENTIFY EXISTING STRENGTHS, AS WELL AS OPPORTUNITIES TO ESTABLISH AND FORMALIZE PUBLIC HEALTH SYSTEM INFRASTRUCTURE IMPROVEMENTS IN INDIANA COUNTIES.

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.

HOSTED BY THE ST. JOSEPH COUNTY HEALTH DEPARTMENT, ST. JOSEPH COUNTY PARTNERS MET TO COMPLETE THE CDC NATIONAL PUBLIC HEALTH PERFORMANCE STANDARDS, LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT - A NATIONALLY RECOGNIZED PUBLIC HEALTH SYSTEM ASSESSMENT TOOL. APPROXIMATELY 163 HEALTHCARE AND SOCIAL SERVICE AGENCIES EXIST TO SUPPORT THE RESIDENTS OF 9 CITIES AND TOWNS AND 13 TOWNSHIPS. PUBLIC HEALTH SYSTEM PARTNERS ACROSS THE COUNTY ARE COMMITTED TO ENHANCING SYSTEMIC PERFORMANCE BY ENGAGING PARTNERSHIPS, SUPPORT, AND INPUT, SO THAT TOGETHER WE CAN BETTER SERVE THE RESIDENTS OF ST. JOSEPH COUNTY.

THE ASSESSMENT PROCESS AND RESULTS ENABLE A GREATER UNDERSTANDING OF HOW THE COUNTY'S HEALTHCARE AND PUBLIC HEALTH ORGANIZATIONS RELATE TO ONE ANOTHER AND HOW THEY PROVIDE ESSENTIAL PUBLIC HEALTH AND HEALTHCARE SERVICES TO THE PUBLIC THEY SERVE. THE ASSESSMENT SPECIFICALLY FOCUSED ON AREAS SUCH AS COMMUNICATION, PARTNERSHIPS, LINKING PEOPLE TO NEEDED SERVICES, AND SHARING OF RESOURCES. THE PROCESS WILL SERVE AS THE

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.

FOUNDATION TO FORMALIZE PROCESSES THAT STRENGTHEN LOCAL PUBLIC HEALTH SYSTEM INFRASTRUCTURE WITH THE CAPACITY AND RESOURCES TO IMPROVE QUALITY AND EFFECTIVENESS OF HEALTHCARE SERVICES IN ST. JOSEPH COUNTY. A PRIMARY COMPONENT OF SUCH A PROCESS MAY INCLUDE A FOCUS ON PARTNERSHIPS AND COLLABORATION TO ENSURE SUSTAINABILITY.

WHAT FOLLOWS IS A NARRATIVE OF HOW WE TOUCH AND IMPROVE THE HEALTH AND THE QUALITY OF LIVES THROUGHOUT MICHIANA. IT IS A TESTIMONY TO THE COMMITMENT AND LEADERSHIP OF OUR MEDICAL STAFF, VOLUNTEER BOARD OF TRUSTEES, EMPLOYEES, AUXILIARY VOLUNTEERS, AND COMMUNITY PARTNERS, WHOSE DEDICATION TO SERVE, TOUCH MANY LIVES, AND MAKE OUR COMMUNITY A BETTER PLACE TO LIVE, WORK, AND PLAY.

PART I, LINE 7, COLUMN F

BAD DEBT EXPENSE REMOVED FROM TOTAL EXPENSES \$26,651,375

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.

PART I, LINE 7A AND 7B

UNREIMBURSED MEDICAID AND OTHER MEANS TESTED GOVERNMENT PROGRAMS

IN 2012, TOTAL OFFSETTING REVENUE FOR LINE 7B, MEDICAID DID NOT INCLUDE AMOUNTS THAT WERE RECEIVED IN 2012 THAT RELATED TO PRIOR YEARS. THOSE AMOUNTS ARE HOSPITAL ASSESSMENT FEE (HAF) PAYMENTS FOR 2011 IN THE AMOUNT OF 18,556,000, ALONG WITH DISPROPORTIONATE SHARE HOSPITAL (DSH) SETTLEMENTS OF 52,953,000 THAT RELATED TO 2010 AND 2011 SETTLEMENT OF AN APPEAL, AND 3,088,214 OF BNA (RURAL FLOOR BUDGET NEUTRALITY ACT) MONIES. ADDITIONALLY, FOR 2012, HAF PAYMENTS MADE IN 2012 THAT RELATED TO 2011 IN THE AMOUNT OF 5,630,714 WERE EXCLUDED FROM THE COMPUTATIONS FOR WORKSHEET 2, COST TO CHARGE RATIO.

PART I, LINE 7G

NOT APPLICABLE

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.

COSTING METHODOLOGY

PART I, LINE 7

DONATIONS - THE ACTUAL COST OF THE DONATION OR DEPARTMENTAL NET

CONTRIBUTION, WHICHEVER IS APPROPRIATE, FROM GENERAL LEDGER RECORDS AND REPORTS ARE INCLUDED.

IN-KIND/VOLUNTEER SERVICES - WHEN A SPECIFIC PERSON IS LISTED AS THE EVENT VOLUNTEER, THE YTD HOURLY WAGE IS PULLED FROM THE LABOR DISTRIBUTION REPORT FOR 12/31, MULTIPLIED BY THE NUMBER OF HOURS AT THE EVENT OR EVENTS. WHEN A SPECIFIC JOB CLASS IS LISTED (I.E. "PEDS REHAB"), THE AVERAGE HOURLY WAGE IS COMPUTED FOR ALL EMPLOYEES IN THAT JOB CLASS AND DEPARTMENT AND USED IN THE SAME MANNER. BENEFITS ARE ADDED TO EACH AT A RATIO OF BENEFIT DOLLARS TO TOTAL SALARIES, MULTIPLIED BY TOTAL SALARIES CALCULATED FOR THE EVENT.

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.

PART III, LINE 4

THE CORPORATION EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE
 BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYOR CLASS,
 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. THE COSTING
 METHODOLOGY IS THE SAME AS THE TAX FORM 990, SCHEDULE H, WORKSHEET 2
 METHODOLOGY. PATIENT CARE COST IS ADJUSTED BY NON-PATIENT ACTIVITY,
 EXPENSES, AND PATIENT CARE CHARGES.

RATIONALE FOR INCLUSION OF THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT

PART III, LINE 8

PARTICIPATION IN THE GOVERNMENTAL MEDICARE PROGRAM DOES NOT PROVIDE THE
 OPPORTUNITY FOR A HOSPITAL TO NEGOTIATE A REIMBURSEMENT RATE OR STRUCTURE
 THAT WOULD ALLOW THE HOSPITAL TO COVER THE COST OF THE MEDICAL SERVICE
 RENDERED TO THE PROGRAM PARTICIPANT, AS WOULD BE THE CASE IN CONTRACTUAL
 NEGOTIATIONS WITH COMMERCIAL INSURANCE COMPANIES. NOR IS THE HOSPITAL

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.

ALLOWED TO PROVIDE ONLY THE SERVICES FOR WHICH REIMBURSEMENT COVERS THE DIRECT COST OF CARE. THIS PRODUCES THE SAME SHORTFALL OUTCOME AS DOES THE PARTICIPATION IN THE MEDICAID PROGRAM. THE MEDICAID PROGRAM IS RECOGNIZED AS A COMMUNITY BENEFIT ON SCHEDULE H AND ON COMMUNITY BENEFIT REPORTS FOR MOST STATES. THE QUALITY AND COST OF THE PATIENT CARE IS THE SAME REGARDLESS OF PAYOR SOURCE. HENCE THE ACCEPTANCE OF MEDICARE REIMBURSEMENT REPRESENTS A REDUCTION OR RELIEF OF THE GOVERNMENT BURDEN TO PAY THE FULL COST OF CARE PROVIDED.

FINANCIAL ASSISTANCE POLICY

PART III, LINE 9B

THE COLLECTION POLICY AND PROCEDURES RELATED TO PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE ARE AS FOLLOWS: TO ENSURE THE HOSPITAL FULFILLS ITS MISSION AND COMMITMENT TO THE POOR, THE HOSPITAL SHALL ANNUALLY PLAN FOR AND PROVIDE FREE HEALTH CARE AND HEALTH-RELATED SERVICES TO THE POOR AND QUALIFIED UNINSURED/UNDERINSURED.

A PATIENT IS CONSIDERED FOR FINANCIAL ASSISTANCE IF ALL OTHER STATE AND

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.

FEDERAL ASSISTANCE OPPORTUNITIES HAVE BEEN EXHAUSTED. THE FEDERAL INCOME AND POVERTY GUIDELINES SERVE AS A GUIDE IN DETERMINING THOSE PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE. ALL PATIENTS SHALL BE TREATED CONSISTENTLY IN THE APPROVAL PROCESS INCLUDING MEDICARE AND NON-MEDICARE PATIENTS.

PURPOSE: TO PROVIDE FINANCIAL ASSISTANCE TO THOSE PATIENTS WHO CANNOT AFFORD TO PAY AND TO PROVIDE DISCOUNTED CARE TO UNINSURED PATIENTS RECEIVING HEALTHCARE SERVICES FROM MEMORIAL HOSPITAL OF SOUTH BEND.

PROCEDURE:

1. MEMORIAL HOSPITAL WILL ASSIST PATIENTS IN MAKING A DETERMINATION REGARDING WHETHER OR NOT THE PATIENT MAY BE ABLE TO QUALIFY FOR SOME FORM OF ENTITLEMENT THROUGH A FEDERAL OR STATE GOVERNMENT PROGRAM AND COMPLETE THE APPROPRIATE APPLICATIONS FOR ASSISTANCE. IT IS REQUIRED THAT THE PATIENT WILL ASSIST IN THE DETERMINATION AND APPLICATION PROCESS. IF THE PATIENT DOES NOT QUALIFY FOR ANY FEDERAL OR STATE ASSISTANCE WE WILL

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.

START THE FINANCIAL ASSISTANCE APPROVAL PROCESS.

2.IDENTIFY PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE THROUGH THE PRE-REGISTRATION, ADMISSION, ELIGIBILITY PROCESS, OR THROUGH SELF-PAY ACCOUNT REVIEW AND COLLECTION ACTIVITIES.

3.PROVIDE A FINANCIAL EVALUATION FORM TO THE PATIENT.

4.OBTAIN OR RECEIVE A SIGNED, COMPLETED FINANCIAL EVALUATION FORM FROM THE PATIENT.

5.DETERMINE ELIGIBILITY BY OBTAINING THE FOLLOWING INFORMATION FROM THE PATIENT:

A)GROSS INCOME AND MOST RECENT W-2;

B)PRIOR YEAR'S TAX RETURN (INCLUDING ALL SCHEDULES);

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.

C) LAST 3 PAY STUBS (IF UNEMPLOYED, WORK ONE STATEMENT OF EARNINGS);

D) EMPLOYMENT STATUS AND FUTURE EARNINGS CAPACITY;

E) FAMILY SIZE;

F) MEDICAL EXPENSES INCLUDING DRUGS AND MEDICAL SUPPLIES;

G) LAST THREE BANK STATEMENTS.

IF THE PATIENT DOES NOT HAVE A PRIOR YEAR TAX RETURN, WE WILL MAKE OUR DETERMINATION BASED ON CURRENT INCOME. A CREDIT REPORT MAY BE RUN TO SUBSTANTIATE DOCUMENTATION. THERE MAY BE CIRCUMSTANCES WHERE A PATIENT MAY NOT BE ABLE TO PROVIDE ALL THE ABOVE DOCUMENTATION NEEDED TO APPROVE FINANCIAL ASSISTANCE. IT WILL BE UP TO THE DISCRETION OF THE DEPARTMENT DIRECTOR AND/OR THE CFO TO GRANT APPROVAL IN THIS CIRCUMSTANCE.

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.

6.DETERMINE THE AMOUNT OF FINANCIAL ASSISTANCE BY UTILIZING THE FEDERAL POVERTY GUIDELINES AS A BASIS FOR QUALIFICATION LEVELS. GROSS ANNUAL INCOME PLUS CASH ASSETS ARE USED AS THE BASIS FOR INCOME CALCULATIONS. FINANCIAL ASSISTANCE WILL BE GRANTED FOR THOSE PATIENTS WHO ARE HOMELESS. IF A PATIENT IS DECEASED AND HAS NO ESTATE, WE WILL GRANT CHARITY ON ANY OUTSTANDING SELF-PAY ACCOUNT BALANCES. DOCUMENTATION THAT AN ESTATE HAS NOT BEEN FILED WILL BE ATTACHED TO THE FINANCIAL ASSISTANCE APPROVAL FORM.

NOTE: APPROVAL MAY BE MADE BASED ON MEDICAL INDIGENCE (I.E. PATIENTS WHO HAVE EXCESSIVE PHARMACY, OXYGEN, OR ONGOING MEDICAL EXPENSE). THIS AMOUNT WOULD BE DEDUCTED FROM THEIR GROSS INCOME. FINANCIAL ASSISTANCE WILL NOT BE GRANTED FOR NON-MEDICALLY NECESSARY SERVICES.

7.COMPLETE THE FINANCIAL ASSISTANCE APPROVAL FORM AND FORWARD TO THE COLLECTION COORDINATOR.

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.

8. THE COLLECTION COORDINATOR WILL REVIEW THE FINANCIAL ASSISTANCE APPLICATION TO ENSURE THAT IT IS COMPLETE. THE COORDINATOR WILL APPROVE OR DENY THE APPLICATION BEFORE SENDING IT TO THE PATIENT ACCOUNT MANAGER FOR APPROVAL. DEPENDING ON THE DOLLAR AMOUNT OF THE FINANCIAL ASSISTANCE WRITE OFF, APPROVAL SIGNATURES ARE REQUIRED. THE APPROVAL GUIDELINES ARE AS FOLLOWS:

\$1.00 TO \$2,500.00	COLLECTION COORDINATOR
\$2,501.00 TO \$10,000.00	PATIENT ACCOUNT SERVICE MANAGER
\$10,001.00 TO \$25,000.00	DIRECTOR, PATIENT ACCOUNT SERVICES
\$25,001.00 AND ABOVE	VICE PRESIDENT, CFO

9. AFTER ALL THE APPROPRIATE SIGNATURES HAVE BEEN OBTAINED, THE FINANCIAL ASSISTANCE WRITE-OFF ALONG WITH THE CORRESPONDING DOCUMENTATION WILL BE FORWARDED TO CASH APPLICATION FOR WRITE-OFF.

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.

10.SEND DETERMINATION LETTER TO NOTIFY PATIENT OF THE APPROVAL FOR
FINANCIAL ASSISTANCE

11.FINANCIAL ASSISTANCE APPROVALS WILL APPLY RETROACTIVELY TO ALL OPEN
ACCOUNTS WITH EXISTING BALANCES (INCLUDING ACCOUNTS IN COLLECTIONS) AND
WILL BE ACTIVE FOR 6 MONTHS FOLLOWING THE DATE OF APPROVAL.

12.THE DOCUMENT WILL BE PLACED IN THE FINANCIAL ASSISTANCE FILE DRAWER
UNDER THE DATE THE WRITE OFF WAS POSTED.

UNINSURED SELF PAY DISCOUNTS:

FOR THOSE PATIENTS WHO HAVE NO INSURANCE AND DO NOT MEET THE ABOVE
FINANCIAL ASSISTANCE GUIDELINES, MEMORIAL HOSPITAL WILL PROVIDE AN
UNINSURED DISCOUNT BASED ON THE FOLLOWING TIERED STRUCTURE:

30% DISCOUNT IF ACCOUNT IS PAID WITHIN 30 DAYS FROM DATE OF SERVICE

20% DISCOUNT IF ACCOUNT IS PAID WITHIN 90 DAYS FROM DATE OF SERVICE

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.

10% DISCOUNT IF PATIENT CHOOSES TO PARTICIPATE IN THE CAREPAYMENT

FINANCING

ANY EXCEPTIONS MUST BE APPROVED BY THE DEPARTMENT MANAGER OR DIRECTOR.

MEASURES TO PUBLICIZE FINANCIAL ASSISTANCE POLICY

PART V, LINE 14G

WALL SIGNAGE CAN BE FOUND THROUGHTOUT THE HOSPITAL AND SPECIFICALLY IN
EMERGENCY ROOMS, WAITING ROOMS, AND ADMISSION OFFICES DIRECTING PATIENTS
TO THE FINANCIAL ASSTANCE POLICY ON THE HOSPITAL WEBSITE.

MAXIMUM AMOUNT TO BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS

PART V, LINE 20D

TO DETERMINE THE MAXIMUM AMOUNTS THAT CAN BE CHARGED TO FAP-ELIGIBLE
INDIVIDUALS FOR EMERGENCY AND OTHER MEDICALLY NECESSARY CARE, MEMORIAL
HOSPITAL USED THE AVERAGED DISCOUNT FOR THE THREE CONTRACTS THAT HAD THE
HIGHEST PERCENT DISCOUNT TO CHARGES (EXCLUDING ALL PER DIEM AND CASE RATE
CONTRACTS).

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.

NEEDS ASSESSMENT

PART VI, LINE 2

THE PATIENT PROTECTION AND AFFORDABLE CARE ACT'S MANDATE FOR NON-PROFIT HOSPITALS TO COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO GUIDE THE EVALUATION OF COMMUNITY HEALTH PRIORITIES WAS A MAJOR FOCUS OF ACTIVITY IN 2012. MEMORIAL HOSPITAL, IN PARTNERSHIP WITH ST. JOSEPH COUNTY HEALTH DEPARTMENT, SUCCESSFULLY COMPLETED A CHNA THAT INCLUDES THE ELEMENTS REQUIRED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT; SPECIFICALLY: 1) INPUT FROM REPRESENTATIVES OF THE BROAD COMMUNITY THROUGH A RANDOM TELEPHONE SURVEY OF 599 INDIVIDUALS, A LATINO SURVEY, INTERVIEWS WITH KEY INFORMANTS, AND A NUMBER OF FOCUS GROUPS, 2) INPUT FROM PUBLIC HEALTH EXPERTS WAS EVIDENCED AS THE ST. JOSEPH COUNTY HEALTH DEPARTMENT TEAM MEMBERS WERE IN PARTNERSHIP WITH MEMORIAL HOSPITAL IN BOTH THE PRELIMINARY WORK WITH THE LOCAL HEALTH SYSTEM CONDUCTED BY PURDUE UNIVERSITY AND THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM BASED SURVEY, 3) THE CHNA IS MADE WIDELY AVAILABLE TO THE PUBLIC FIRST AT A PRESS CONFERENCE WHICH WAS AIRED ON TWO LOCAL TELEVISION STATIONS AND

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.

COVERED IN THE LOCAL NEWSPAPER, THE SOUTH BEND TRIBUNE, AND IS POSTED ON THE HOSPITAL'S WEBSITE WWW.QUALITYOFLIFE.ORG/CHNA, AS WELL AS POSTED ON THE COUNTY HEALTH DEPARTMENT'S WEBSITE, WWW.STJOSEPHCOUNTYINDIANA.COM/DEPARTMENTS/SJCHD/PDFS/MEMHOSPSOUTHBEND.PDF, AND ATTAINABLE IN PAPER-COPY UPON REQUEST, 4) THE CHNA FORMS THE BASIS FOR A WRITTEN IMPLEMENTATION STRATEGY TO ADDRESS IDENTIFIED NEEDS, WITH EXPLANATION IF THOSE NEEDS ARE NOT ADDRESSED, AND 5) IT PROVIDES THE FOUNDATION FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT AS REPORTED HEREIN. APPROVAL, BASED UPON ALLOCATED BUDGET FUNDING, WAS GIVEN BY WAY OF A SIGNED RESOLUTION BY THE MEMORIAL HOSPITAL BOARD ON MAY 23, 2013.

PATIENT EDUCATION AND ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

WHEN UNINSURED PATIENTS PRESENT TO OUR HOSPITAL, THEY ARE OFFERED THE OPPORTUNITY TO MEET WITH OUR ELIGIBILITY SPECIALISTS. OUR ELIGIBILITY SPECIALISTS DISCUSS THE POTENTIAL ELIGIBILITY OF THE PATIENT FOR MULTIPLE ASSISTANCE PROGRAMS, INCLUDING OUR OWN INTERNAL FINANCIAL ASSISTANCE

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.

PROGRAM. OUR STATEMENTS ALSO INCLUDE A NOTICE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO PATIENTS, AND THEY CAN CONTACT OUR CUSTOMER SERVICE GROUP FOR GUIDELINES.

COMMUNITY INFORMATION

PART VI, LINE 4

COMMUNITY INFORMATION (GEOGRAPHY AND DEMOGRAPHICS)

ESTABLISHED IN 1830, ST. JOSEPH COUNTY, INDIANA HAS BECOME THE FOURTH LARGEST COUNTY IN THE STATE OF INDIANA. THE COUNTY SPANS 467 SQUARE MILES, WHICH INCLUDES A COMFORTABLE MIX OF RURAL CULTURAL HERITAGE AND URBAN AMENITIES. ST. JOSEPH COUNTY IS ALSO THE REGIONAL CENTER FOR HIGHER EDUCATION. THE COUNTY IS HOME TO MORE THAN EIGHT COLLEGES AND UNIVERSITIES INCLUDING BUT NOT LIMITED TO NOTRE DAME UNIVERSITY, INDIANA UNIVERSITY, PURDUE UNIVERSITY, HOLY CROSS COLLEGE, BETHEL UNIVERSITY AND ST. MARY'S COLLEGE.

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.

THE HEART OF THE HOSPITAL IS LOCATED WITHIN A MILE OF THE UNIVERSITY OF NOTRE DAME, 10 MILES SOUTH OF THE MICHIGAN STATE LINE, AND 40 MILES EAST OF LAKE MICHIGAN. THROUGH THE YEARS, THE ENVIRONMENT OF SOUTH BEND, THE LARGEST CITY IN ST. JOSEPH COUNTY, HAS CHANGED FROM A FOCUS ON MANUFACTURING (STUDEBAKER, BOSCH, AND UNIROYAL) TO ONE OF SERVICE INDUSTRY. IN FACT, AMONG THE TEN LARGEST EMPLOYERS IN THE COUNTY, JUST TWO REPRESENT MANUFACTURING. THE UNIVERSITY OF NOTRE DAME IS THE LARGEST EMPLOYER, FOLLOWED BY MEMORIAL HEALTH SYSTEM, THE SOUTH BEND COMMUNITY SCHOOL CORPORATION, AM GENERAL, AND ST. JOSEPH REGIONAL MEDICAL CENTER.

ST. JOSEPH COUNTY, THE FIVE CONTIGUOUS COUNTIES COMPRISING ITS SECONDARY SERVICE AREA AND 12 COUNTIES IN ITS TERTIARY SERVICE AREA ARE CHARACTERIZED BY A MIX OF SMALL TO MID-SIZE METROPOLITAN AREAS AND RURAL COMMUNITIES. POPULATION MIX IS DIVERSE AND INCLUDES LARGE NUMBERS OF FIRST-GENERATION EUROPEAN, AFRICAN, MIDDLE EASTERN IMMIGRANTS, AFRICAN AMERICANS, ASIANS, HISPANICS, AND AMISH.

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.

THE POPULATION FOR ST. JOSEPH COUNTY IN 2012 WAS ESTIMATED AT 266,000 INDIVIDUALS. THE RACIAL STATISTICS IN THE COUNTY ARE 75.1% CAUCASIANS, 13% AFRICAN AMERICA, AND 7.7% HISPANIC. AS EXPECTED, WITH AN AREA WELL-SATURATED WITH POST-SECONDARY EDUCATIONAL INSTITUTIONS, THE COUNTY HAS HIGHER THAN WOULD BE PROJECTED EDUCATIONAL LEVEL. 87.5 PERCENT OF THE POPULATION ARE HIGH SCHOOL GRADUATES, AND 26.2% HAVE A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME WAS \$45,183; PERSONS BELOW POVERTY LEVEL ACOOUNTED FOR 16% OF THE POPULATION.

OF THE PRIMARY AND SECONDARY MEMORIAL SERVICE AREA, ST. JOSEPH COUNTY IS THE LARGEST, FOLLOWED BY ELKHART COUNTY ESTIMATED AT 200,000. ELKHART COUNTY CONTINUES TO HAVE AN INDUSTRIAL FOCUS AS A MAJOR CENTER OF THE AUTOMOTIVE, RECREATIONAL VEHICLE, MANUFACTURED HOUSING AND MUSICAL INSTRUMENT INDUSTRIES. ADDITIONAL SECONDARY SERVICE AREA COUNTIES AND THEIR ESTIMATED POPULATIONS INCLUDE BERRIEN (MI) 156,000, LAPORTE (IN) 111,000, CASS (MI) 52,000 AND MARSHALL (IN) 47,000.

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.

OUR SERVICE AREA INCLUDES PATIENTS FROM ST. JOSEPH AND SURROUNDING COUNTIES IN INDIANA AND MICHIGAN; A PEDIATRIC EMERGENCY TRANSPORT PROGRAM SERVING 18 COUNTIES AND OUR MEDFLIGHT HELICOPTER THAT COVERS COMMUNITIES WITHIN A 150-MILE RADIUS. WE HAVE THE REGION'S ONLY LEVEL 3 NEWBORN INTENSIVE CARE UNIT, THE ONLY PEDIATRIC INTENSIVE CARE UNIT AND THE ONLY PEDIATRIC HEMATOLOGY/ONCOLOGY PROGRAM IN THE AREA. MEMORIAL IS ALSO THE ONLY HOSPITAL IN THE REGION WITH PEDIATRIC HOSPITALIST AND CHILD LIFE PROGRAMS.

MEMORIAL IS NOT ONLY RECOGNIZED NATIONALLY AS A LEADER IN PROVIDING HIGH QUALITY CARE, BUT ALSO AS A LEADER IN INNOVATION, OFFERING NEW APPROACHES TO PATIENT SATISFACTION AND CUSTOMER SERVICE THAT SET US APART FROM OTHER HEALTH CARE PROVIDERS.

AS THE REGION'S ONLY DESIGNATED CHILDREN'S HOSPITAL, MEMORIAL CHILDREN'S HOSPITAL WELCOMES AND TREATS CHILDREN WITH A WIDE VARIETY OF MEDICAL AND

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.

SURGICAL DIAGNOSES FROM MORE THAN 20 REFERRAL HOSPITALS THROUGHOUT
SOUTHWESTERN MICHIGAN AND NORTHERN INDIANA. OUR WORLD-CLASS TEAM INCLUDES
PEDIATRIC HOSPITALISTS AND INTENSIVISTS, REGISTERED NURSES, CHILD LIFE
SPECIALISTS, PEDIATRIC DIABETIC EDUCATORS, PEDIATRIC DIETITIANS, SOCIAL
WORKERS, NEONATOLOGISTS, PEDIATRIC ONCOLOGISTS, RESPIRATORY THERAPISTS,
CLINICAL NURSE SPECIALISTS, PASTORAL CARE, AND PEDIATRIC SPECIALISTS IN
PHYSICAL THERAPY, PULMONARY MEDICINE AND INFECTIOUS DISEASE.

MEMORIAL HOSPITAL AND HEALTH SYSTEM ALSO SERVES THE COMMUNITY WITH
MEMORIAL NEIGHBORHOOD HEALTH CENTER - SOUTHEAST CLINIC, AND THE CENTRAL
NEIGHBORHOOD CLINIC AT THE CENTER FOR THE HOMELESS. THESE TWO CLINICS
OFFER PRIMARY HEALTH CARE SERVICES INCLUDING ALL BASIC SERVICES AS WELL
AS FAMILY PLANNING AND REPRODUCTIVE HEALTH, LOW-RISK OBSTETRICS, AND
COLONOSCOPY SERVICES.

SERVICES ARE AVAILABLE TO ANYONE, AND OUR FEES ARE WITHIN THE CUSTOMARY
RANGE FOR THE COMMUNITY. WE ACCEPT MEDICAID, MEDICARE AND PRIVATE

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.

INSURANCE, AND OFFER A SLIDING FEE SCALE BASED ON INCOME GUIDELINES FOR UNINSURED. WE ALSO PARTICIPATE IN HOOSIER HEALTHWISE, THE CHIP PROGRAM THAT PROVIDES HEALTHCARE FOR INDIANA CHILDREN, PREGNANT WOMEN AND LOW-INCOME FAMILIES. OTHER HOSPITALS IN OUR REGION INCLUDE: ST. JOSEPH REGIONAL MEDICAL CENTER, ELKHART GENERAL HOSPITAL, GOSHEN HOSPITAL AND LAKELAND HEALTH CARE. AN AFFILIATION WITH ELKHART GENERAL OCCURED IN 2010.

EDUCATION AND RESEARCH FOR A HEALTHY FUTURE

WE CONSIDER EDUCATION AND RESEARCH TO BE PART OF OUR MISSION. EACH IS VITAL TO PREPARING THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS TO MEET FUTURE HEALTH CARE DEMANDS. AS OUR COUNTRY AGES, WE WILL NEED MORE CAREGIVERS THAN EVER BEFORE; AT THE SAME TIME, THERE IS A SHORTAGE OF NEW GRADUATES IN KEY CLINICAL AND TECHNICAL POSITIONS. TO ENSURE THAT WE HAVE THE QUALITY WORKFORCE WE NEED TO CARE FOR OUR PATIENTS IN THE FUTURE, WE ARE COMMITTED TO THE EDUCATION OF CURRENT AND FUTURE

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.

CAREGIVERS, AND HAVE PARTNERED WITH LOCAL HIGH SCHOOLS, COLLEGES,
UNIVERSITIES AND INDIANA UNIVERSITY MEDICAL SCHOOL AT NOTRE DAME.

PREPARING FOR TOMORROW'S HEALTH CARE NEEDS ALSO REQUIRES A COMMITMENT TO
RESEARCHING NEW AND INNOVATIVE TREATMENTS THAT BATTLE TOMORROW'S HEALTH
CARE CHALLENGES. CLINICAL RESEARCH IS A PART OF PROGRAMMING ACROSS THE
HEALTH SYSTEM. MEMORIAL MEDICAL GROUP PARTICIPATES IN A SIGNIFICANT
NUMBER OF PHARMACEUTICAL TRIALS ANNUALLY; PHYSICIANS IN THE HOSPITAL
PARTICIPATE IN VARIOUS RESEARCH PROJECTS THAT ARE NATIONAL IN SCOPE AND
ARE EVALUATED BY FDA GUIDELINES BY MEMORIAL'S INSTITUTIONAL REVIEW BOARD.

MEMORIAL IS ALSO A MEMBER OF AN ONCOLOGY CONSORTIUM WHICH DOES
CANCER-RELATED RESEARCH. OUR MEDICAL AND HEALTH CARE STAFF ARE WORKING
TO FIND TOMORROW'S TREATMENTS AND CURES TODAY.

RESEARCH ALSO EVOLVES FROM THE NURSING, PRE-MEDICAL AND SOCIAL SERVICE
DISCIPLINES AT THE LOCAL POST-SECONDARY EDUCATION INSTITUTIONS. THE
UNIVERSITY OF NOTRE DAME IS A CLOSE PARTNER IN COMMUNITY-BASED RESEARCH,

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.

WHICH INCLUDES EVALUATING EDUCATION CURRICULA, INTERVENTION MODALITIES,
AND QUANTITATIVE ANALYSIS AS WELL AS QUALITATIVE RESEARCH METHODS.
TOGETHER, WE OFFER A COMPREHENSIVE LEARNING EXPERIENCE FOR MEDICAL
STUDENTS, ENABLING INTERNS, RESIDENTS, AND FELLOWS TO UTILIZE OUR
STATE-OF-THE-ART TRAINING FACILITIES AND INTEGRATE ADVANCED TECHNOLOGY
LEARNED IN THE CLASSROOM DIRECTLY WITH PATIENT CARE. WE FURTHER THE
EVIDENCE OF COMMUNITY-BASED RESEARCH IN ADDITION TO CLINICAL RESEARCH,
PARTICULARLY IN THE INTERSECTION OF NEUROSCIENCE AND MEDICAL
INTERVENTIONS, SUCH AS THE IMPACT OF CHEMOTHERAPY ON THE MEMORY AND
COGNITIVE FUNCTIONING OF BREAST CANCER VICTIMS.

COMMUNITY BUILDING ACTIVITIES

PART VI, LINE 5

ALL INFORMATION INCLUDED IN PART VI, LINE 1, SEE "OTHER INFORMATION
REQUIRED."

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.

PART VI, LINE 6

AFFILIATED HEALTH CARE SYSTEM ROLES

MEMORIAL'S COMMUNITY HEALTH ENHANCEMENT (CHE) DIVISION CONTINUED ITS 24 YEAR TRADITION OF "PLUNGES" BY IMMERSING ATTENDEES INTO A TIMELY, HEALTH-IMPACTING ISSUE WHEN IT DELVED INTO THE ISSUE OF CYBER-BULLYING (USING THE INTERNET AND RELATED TECHNOLOGIES TO DELIBERATELY HARM OTHERS). THE FOLLOWING PRACTICES WERE ESTABLISHED FROM THE PLUNGE TO CREATE AN ISSUE-RESPONSIVE PRODUCT TO COMBAT CYBER-BULLYING, 1) LAUNCHING MEMORIAL'S ANTI-BULLYING CAMPAIGN PARTNERSHIP WITH THE SOUTH BEND COMMUNITY SCHOOL CORPORATION. THE CAMPAIGN USES HIGH-PROFILE AND CONTEMPORARY TOOLS SUCH AS BILLBOARDS AND WEBSITES TO EDUCATE RESIDENTS OF ALL AGES ON MODERN BULLYING; 2) COMMISSIONING THE DEVELOPMENT AND CREATION OF "THE TAKE TEN CREW VS. THE CYBERBULLY," AN ANIMATED COMIC BOOK DESIGNED AND CREATED BY TEENS THROUGH THE ROBINSON COMMUNITY LEARNING CENTER. THIS COMIC BOOK WILL SERVE AS AN IMPORTANT CURRICULUM RESOURCE IN LOCAL SCHOOLS TO EDUCATE CHILDREN ON HOW THEY CAN RESPOND TO BULLYING; 3) FINALIZING THE DEVELOPMENT OF THE NANOTECHNOLOGY HANDS-ON

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.

SCIENCE KITS FOR USE IN LOCAL CLASSROOMS. CHE COMMISSIONED THE ELKHART-BASED PROFESSIONAL SCIENCE EDUCATION ORGANIZATION ETHOS TO DEVELOP THREE STANDARDS-BASED KITS FOR THREE DIFFERENT GRADE LEVELS. THE KITS MADE THEIR DEBUT AT THE NATIONAL SCIENCE TEACHERS ASSOCIATION CONFERENCE IN MARCH 2012, ATTENDED BY MORE THAN 10,000 EDUCATORS, WHERE THE NANOTECHNOLOGY RECEIVED RAVE REVIEWS.

HEALTHWORKS! KIDS' MUSEUM WAS CONCEIVED AS AN INNOVATIVE INVESTMENT THAT GOES TO THE VERY CORE OF THE SYSTEM'S MISSION: "IMPROVING THE QUALITY OF LIFE OF THOSE WHO LIVE IN OUR COMMUNITY." CREATING A NEW KIND OF LEARNING ENVIRONMENT FOR CHILDREN AND FAMILIES TO EXPLORE WHY AND HOW TO MAKE HEALTHY DECISIONS ABOUT HIS OR HER LIFE MAY ULTIMATELY PROVIDE THE MOST POWERFUL LONG-TERM LEVERAGE FOR ACCOMPLISHING MEMORIAL'S MISSION. WITH SCHOOLS AS PRIMARY PARTNERS, THE BUSINESS PLAN FOR HEALTHWORKS! IS DIRECTED AT CONNECTING AND CULTIVATING RELATIONSHIPS WITH EVERY GROWING FAMILY IN THE SERVICE AREA. A HEALTHWORKS! HUMMER ALLOWS INTERACTIVE HEALTH EDUCATION PROGRAMS TO BE TAKEN TO SCHOOLS AND OTHER LEARNING

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.

TRADITIONAL AND NON-TRADITIONAL VENUES TO PROMOTE HEALTHY LIVING. MORE THAN 70,000 CHILDREN AND ADULTS PARTICIPATE IN HEALTHWORKS! EXPERIENCES EACH YEAR. SEVERAL INITIATIVES ARE UNDER WAY PROMOTING THE REPLICATION OF HEALTHWORKS! IN OTHER COMMUNITIES AROUND THE COUNTRY.

EDUCATION AND SUPPORTIVE PROGRAMMING ARE KEY FACTORS TO HEALTHY AGING. SUPPORT GROUPS, INCLUDING ALZHEIMER'S SERVICES, DIABETES, OSTOMY, ARTHRITIS, WOMEN-IN-TOUCH, VARIOUS CANCER SURVIVORS, AND SELF-HELP FOR THE HARD OF HEARING (S-H-H-H), AND NUMBERING MORE THAN 3,000 PEOPLE MEET REGULARLY AT VARIOUS LOCATIONS ON CAMPUS.

"AGING IN PLACE" IS AN INNOVATIVE PARTNERSHIP PROGRAM THAT ENABLES OLDER PEOPLE TO REMAIN INDEPENDENT IN THEIR OWN HOMES AS THEY ARE SURROUNDED BY A CARING COMMUNITY OF PEERS. A NURSE AND LIFE SKILLS ADMINISTRATOR FURTHER FACILITATE INDEPENDENCE AND COMMUNITY BUILDING. THE PROGRAM IS EXPERIENCING STEADY AND CONTINUED GROWTH, KEEPING PACE WITH THE NEEDS WITHIN THE COMMUNITY AS THE DESIRE TO REMAIN INDEPENDENT BECOMES AN

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.

INCREASINGLY RELEVANT ISSUE FOR MORE AND MORE FAMILIES. NEW DEVELOPMENTS IN 2012 INCLUDED OPENING A THIRD LOCATION, AND DRAWING UPON AGING IN PLACE EXPERIENCES TO CREATE A GERONTOLOGY COMPONENT FOR HIGHER EDUCATION PROGRAMS. DEVELOPED IN PARTNERSHIP WITH SAINT MARY'S COLLEGE, THERE ARE THREE MODULES THAT CAN BE PRESENTED IN A SEMINAR FORMAT, INCLUDING COMMUNICATING WITH THE ELDERLY, DEPRESSION AND DEMENTIA, AND WORKING WITH SENIORS IN POVERTY.

PROGRAMMING AT "BRAINWORKS" SUPPORTS A PLATFORM TO EXPAND THE KNOWLEDGE OF BRAIN HEALTH. WHILE THE FOCUS CONTINUES TO BE ON HOLISTIC HEALTH, BRAIN HEALTH AS A KEY COMPONENT TO WELL-BEING, WHICH CAN CONTRIBUTE TOWARDS THE PREVENTION OF NEURODEGENERATIVE DISORDERS, IMPROVE REHABILITATION AND RECOVERY FROM TRAUMA, AND ENHANCE PRODUCTIVITY AND CAPABILITIES TO BE REALIZED IN THE LATER YEARS. BRAINWORKS AND ITS PROGRAMS AND SERVICES AIMED AT TRANSLATING ADVANCES IN NEUROSCIENCE INTO UNDERSTANDABLE AND ACTIONABLE STEPS BECAME KNOWN TO MORE LOCALLY, NATIONALLY, AND INTERNATIONALLY IN 2012, LAYING THE GROUNDWORK FOR

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.

ADDITIONAL COLLABORATIVE OPPORTUNITIES. MAJOR HIGHLIGHTS INCLUDE, 1) THE EXPANSION OF AWARENESS OF BRAINWORKS, INCLUDING A CITATION IN THE NATIONAL GEOGRAPHIC BRAIN HEALTH BOOK, GUEST PRESENTING IN AMERICAN SOCIETY OF AGING WEBINARS, AND THE CREATION AND IMPLEMENTATION OF BRAINWORKS WEBINARS. BRAINWORKS WAS ALSO HONORED WITH THE REB ZELMAN LIFETIME ACHIEVEMENT AWARD AT THE SAGE-ING INTERNATIONAL CONFERENCE, FOR THEIR SIGNIFICANT CONTRIBUTION IN THE FIELD OF CONSCIENCE, COGNITIVELY HEALTHY AGING.

IN 2012, THE COMMUNITY'S ATTENTION WAS FOCUSED ON EARLY BRAIN DEVELOPMENT THROUGH THE BUILD-OUT AND GRAND OPENING OF "LITTLE NOGGINS' NOOK" AT HEALTHWORKS! KIDS' MUSEUM, REPRESENTING A COMMUNITY INVESTMENT OF MORE-THAN \$150,000. THIS HIGH-LEVEL, INTERACTIVE ACTIVITY CENTER BUILDS UPON PREVIOUS DEVELOPMENTAL CENTERS ESTABLISHED IN THREE AGENCIES SERVING VULNERABLE WOMEN AND CHILDREN, INCLUDING THE YWCA'S RESIDENCE FOR BATTERED AND ADDICTED WOMEN, ST. MARGARET'S HOUSE, A DAY CENTER FOR HOMELESS WOMEN AND CHILDREN, AND THE YOUTH SERVICES BUREAU FOR YOUNGER

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.

WOMEN WITHOUT HOMES AND FAMILIES TO HELP NURTURE THEIR INFANTS. "TALK WITH YOUR BABY" WAS AN INITIATIVE THAT MUSHROOMED THROUGHOUT THE COMMUNITY, ENCOURAGING PARENTS TO SPEAK WITH THEIR INFANTS AND CHILDREN TO SPONSOR BRAIN DEVELOPMENT.

DR. ART KRAMER PRESENTED THE 2012 MARY MORRIS LEIGHTON LECTURE AND CONTINUING MEDICAL EDUCATION OF WHICH OVER 450 ATTENDED THE COMMUNITY EVENT, AS WELL AS NEARLY SEVENTY PHYSICIANS AT THE CME BRAIN HEALTH PROGRAM. BRAINWORKS CONTINUES TO OFFER A WIDE VARIETY OF SERVICES WITH AND TO AN EXPANDED LIST OF COMMUNITY PARTNERS, INCLUDING NORTHERN INDIANA ALZHEIMER'S AND DEMENTIA SERVICES (BRAIN GAMES CHALLENGE), HOLY CROSS GERONTOLOGY INSTITUTE (CONFERENCE SPONSORSHIP AND SPEAKERS), PALMER FUNERAL HOME, THE SAINT JOSEPH COUNTY PUBLIC LIBRARY (SCIENCE ALIVE), EAST BANK LEARNING CENTER, THE UNIVERSITY OF NOTRE DAME (INNOVATION STUDIO AND IRB APPROVED CHEMO-BRAIN RESEARCH), AND AMERICAN SENIOR COMMUNITIES (COMMUNITY EDUCATIONAL EVENTS).

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.

CHE'S SCHOOL TEAM OFFERS EVIDENCE-BASED PREVENTION PROGRAMS WITHIN SOUTH BEND'S MIDDLE SCHOOLS. APPROXIMATELY, 4,000 STUDENTS ARE REACHED WITH PROGRAMS FOCUSING ON DEVELOPING THE SKILLS NECESSARY TO PREVENT PREGNANCY, HIV, AND OTHER SEXUALLY TRANSMITTED INFECTIONS. IT WAS A YEAR OF TRANSITION, CHANGE, AND PROFESSIONAL DEVELOPMENT FOR THE TEAM. RECEIVING THE ST. JOSEPH COUNTY VOICE GRANT, ENABLED PROGRAMS TO INSPIRE HIGH-SCHOOL STUDENTS TO ADVOCATE AGAINST THE TOBACCO INDUSTRY ATTEMPTS TO RECRUIT TEENS AS NEW SMOKERS. ANTI-TOBACCO PROGRAMS ARE HELD IN SOUTH BEND, MISHAWAKA, PENN HARRIS MADISON, AND ROLLING PRAIRIE HIGH SCHOOLS. FINALLY, DEVELOPED A NEW PROGRAM FOR SOUTH BEND COMMUNITY SCHOOL CORPORATION PARENTS IN COLLABORATION WITH THE ROBINSON COMMUNITY LEARNING CENTER, TITLED SEX, BULLYING, AND MAKING GOOD DECISIONS.

THE SYSTEM'S INNOVATIVE COMMUNITY OUTREACH HAS RECEIVED NATIONAL RECOGNITION FOR MODELS OF INVOLVEMENT AS WELL AS STATE AND FEDERAL GRANTS TO ASSIST IN THE SUPPORT SOME OF THESE PROGRAMS. PROGRAMS INCLUDE: AFRICAN-AMERICAN WOMEN IN TOUCH - BREAST CARE EDUCATION AND SCREENING

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.

PROGRAMS, THE PEDS DEVELOPMENTAL DELAY SCREENING PROGRAM FOR INFANTS 0 TO 3 YEARS OF AGE WHICH IS OFFERED AT THE ST. JOSEPH COUNTY WIC CLINICS, THE YWCA, THE CENTER FOR THE HOMELESS, AND HEALTH EDUCATION AND OUTREACH IN THE LATINO COMMUNITY, INCLUDING A UNIQUE DIABETES EDUCATION AND CASE MANAGEMENT PROGRAM THAT HAS HAD SIGNIFICANT RESULTS. MORE THAN 300 TYPE II DIABETICS PARTICIPATED IN THE PROGRAM WITH ONLY ONE DIABETES RELATED HOSPITALIZATION.

THE SPECIAL POPULATIONS' DIVISION EXPERIENCED CONSIDERABLE GROWTH IN 2012, AND HIGHLIGHTS INCLUDED BEING NAMED A RECIPIENT OF THE JACKSON HEALTHCARE CHARITABLE SERVICE PROGRAM OF EXCELLENCE AWARD FOR THE CULTURALLY APPROPRIATE DIABETICOS SALUDABLES. MOST EXCITING IN 2012 WAS LAUNCHING AN AMBITIOUS PILOT PROGRAM THAT DRAWS UPON LESSONS LEARNED FROM THE SUCCESSFUL DIABETICOS SALUDABLES PROGRAM AND UTILIZES COMMUNITY HEALTH WORKERS (CHWS) TO ASSIST INDIVIDUALS IN MANAGING THEIR DIABETES. THE CHW MODEL TRAINS NON-HEALTH PROFESSIONAL COMMUNITY MEMBERS TO SERVE AS A LINK OR LIAISON BETWEEN HEALTH AND SOCIAL SERVICES AND CLIENTS. CHWS

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.

USE RELATIONSHIP AS WELL AS CULTURAL AND LANGUAGE SKILLS TO MAKE HEALTH AND DISEASE MANAGEMENT MORE UNDERSTANDABLE AND HEALTH CARE ACCESS LESS INTIMIDATING. WITH THE PILOT PROGRAM, CHWS ARE RECRUITING CLIENTS FOR EDUCATION AND CASE MANAGEMENT SERVICES THROUGH MEMORIAL'S EMERGENCY/TRAUMA CENTER AND PATIENT-CARE UNITS AND MEMORIAL MEDICAL GROUP CLINICS. THE SPECIAL POPULATIONS DEVELOPED THE COMMUNITY HEALTH WORKER TRAINING CURRICULUM IN COLLABORATION WITH IVY TECH STATE COMMUNITY COLLEGE. THIS PROGRAM WILL STRIVE TO MEET THE INDIANA HEALTH PROFESSIONS BUREAU CERTIFICATION GUIDELINES.

THE TEAM GUIDED 49 PREGNANT WOMEN WITH GESTATIONAL DIABETES IN MANAGING THEIR CONDITION THROUGH THE PROGRAM BEBES DULCES SIN AZUCAR. THANKS TO THE PROGRAM, COMPLICATIONS FOR BABIES AND MOTHERS WERE AVOIDED - ALL BABIES WERE BORN AT A HEALTHY WEIGHT, AND ALL MOTHERS' BLOOD SUGARS RETURNED TO HEALTHY LEVELS WITHIN WEEKS OF DELIVERY.

RESPONDING TO THE EVER-GROWING DEMAND FOR MEDICAL INTERPRETATION SERVICES

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.

IN OUR COMMUNITY, THE LANGUAGE SERVICES TEAM SUPPLIED THESE SERVICES TO OVER THIRTY MEDICAL PROVIDERS AND PRACTICES THROUGHOUT THE AREA. THE TEAM ALSO WORKED TO EQUIP OUR REGION TO PROVIDE THIS SERVICE AS CHE OFFERED A 60-HOUR MEDICAL INTERPRETATION TRAINING COURSE TO 37 INDIVIDUALS, AND DEVELOPED AND HOSTED THE NORTHERN INDIANA MEDICAL ASSOCIATION CONFERENCE FOR INTERPRETERS AND ADMINISTRATORS FOR AN ADDITIONAL 75 INDIVIDUALS. EXPANDING THE RANGE OF LANGUAGES FOR WHICH IN-PERSON INTERPRETIVE SERVICES CAN BE PROVIDED; TWO ARABIC INTERPRETERS HAVE BEEN ADDED TO MEMORIAL'S TEAM IN RESPONSE TO AN EVER-GROWING DEMAND. A SPANISH MEDICAL TERMINOLOGY COURSE WAS PROVIDED TO TWENTY STUDENTS FROM THE UNIVERSITY OF NOTRE DAME IN PUEBLO, MEXICO. IN ADDITION, THE TEAM HOSTED MEDICAL STUDENTS EXCHANGE PROGRAM THAT ALLOWED TWO MEDICAL STUDENTS FROM PUEBLO, MEXICO TO SPEND FOUR WEEKS IN ROTATION WITH PHYSICIANS AT MEMORIAL, ELKHART GENERAL, AND MEMORIAL MEDICAL GROUP'S CENTRAL CLINIC.

MEMORIAL'S 2012 SICKLE-CELL ANEMIA CONFERENCE SAW MORE THAN 300 INDIVIDUALS, PRIMARILY HEALTHCARE STUDENTS, ATTENDING. THIS WAS IN

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.

ADDITION TO AN EDUCATIONAL SESSION FOR SICKLE CELL CHILDREN, AND
 EDUCATION AND SCREENING FOR STUDENT-ATHLETES IN LOCAL SCHOOL
 CORPORATIONS.

THE FOLLOWING FALL UNDER THE EARLY-CHILDHOOD: SERVICES UMBRELLA OF CHE,
 WHICH INCLUDES MINORITY HEALTH OUTREACH, PRENATAL CARE COORDINATION,
 B.A.B.E., FETAL ALCOHOL PREVENTION, WOMEN INFANTS AND CHILDREN NUTRITION
 PROGRAM AND WIC BREASTFEEDING PROGRAM, AND A HUD STIMULUS GRANT.

HIGHLIGHTS AMONG THIS ARRAY OF SERVICES OVER THE PAST YEAR INCLUDE:

SUCCESSFULLY ATTAINING THE WIC GRANT FOR ST. JOSEPH COUNTY. WHILE
 MEMORIAL HAS OPERATED THE FEDERALLY FUNDED WOMEN, INFANT, AND CHILDREN'S
 NUTRITION PROGRAM FOR 20 YEARS, IN 2012 THE GRANT BECAME A COMPLICATED
 COMPETITIVE PROCESS. CHE SERVES MORE THAN 14,000 WOMAN, INFANTS, AND
 CHILDREN ANNUALLY WITH THIS PROGRAM.

CERTIFYING SIX EMPLOYEES TO BECOME LACTATION SPECIALISTS, ENABLING THEM

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.

TO COUNSEL NEW AND EXPECTANT MOTHERS. SINCE A MAJOR GOAL OF THE WIC PROGRAM IS IMPROVING THE NUTRITIONAL STATUS OF INFANTS, WIC PROMOTES BREASTFEEDING AS THE OPTIMAL INFANT FEEDING CHOICE. BY YEARS END, 77.25% OF LOCAL WIC MOTHERS CHOSE TO BREASTFEED THEIR INFANTS, AN INCREASE FROM PREVIOUS YEARS.

ADDING ANOTHER SUCCESSFUL UNIVERSITY OF NOTRE DAME GANEY GRANT AWARD. WIC RECEIVED THE GANEY GRANT TO PURSUE GROUND-BREAKING RESEARCH RELATED TO PREGNANCY OUTCOMES AMONG WIC CLIENTS WHO WERE SUBJECTED TO ADVERSE CHILDHOOD EXPERIENCES. THIS IS THEIR SECOND CONSECUTIVE GANEY GRANT; DATA GATHERING WAS RECENTLY COMPLETED FOR THE PREVIOUS GRANT, WHICH INVESTIGATED BREAST FEEDING AMONG AFRICAN AMERICAN WOMEN.

RECEIVING 200 ADDITIONAL PACK AND PLAYS FROM THE FIRST CANDLE SAFE SLEEP PROGRAM TO PROVIDE SAFE INFANT SLEEPING CONDITIONS TO PATRONS OF THE BABE STORE. RECEIVING A LOCAL ROOF SIT PREVENT CHILD ABUSE GRANT TO CONDUCT A HOME SAFETY CLASS FOR HIGH-RISK FAMILIES.

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.

INITIATING A CASE MANAGEMENT SYSTEM FOR CLIENTS WITH THE SICKLE CELL DISEASE WHO FREQUENTLY SEEK ACUTE CARE. THIS SERVICE, PROVIDED IN COLLABORATION WITH MEMORIAL'S EMERGENCY DEPARTMENT, AIMS TO REDUCE UNNECESSARY AND PREVENTABLE EMERGENCY-ROOM VISITS.

RECEIVING A CDC BREASTFEEDING OUTREACH GRANT: THIS IS ENABLING A WEIGHT CHECK CLINIC FOR BREAST-FED INFANTS AT THE MINORITY HEALTH COALITION IN THE MARYCREST BUILDING. THIS SERVICE WILL BE PRIMARILY FOCUSED ON THE LATINA POPULATION.

BENDIX FAMILY PHYSICIANS, A FULL SERVICE MEDICAL PRACTICE THAT PROVIDES COMPREHENSIVE, HIGH-QUALITY, AND PATIENT-FRIENDLY CARE TO MEDICALLY-ISOLATED AND UNDER-SERVED SOUTH BEND RESIDENTS. BFP EMPLOYS A FAMILY PHYSICIAN, AND AN ADVANCED PRACTICE NURSE, AND ADDITIONAL SERVICES ARE PROVIDED THROUGH THE VOLUNTEER PROVIDER NETWORK (VPN), A LARGE GROUP OF LOCAL PHYSICIANS WHO VOLUNTEER TIME AND SERVICES. A PARTNERSHIP

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.

BETWEEN MEMORIAL, THE CITY OF SOUTH BEND, AND ST. JOSEPH REGIONAL MEDICAL CENTER, THE PRACTICE CONTINUES TO GROW AND EXPAND AS DEMONSTRATED THROUGH THE FOLLOWING IN 2012:

1071 NEW PATIENTS WERE SEEN, A 9% NEW CLIENT INCREASE FROM THE PREVIOUS YEAR.

MEMBERSHIP OF THE BOARD OF DIRECTORS IS NOW 51% CONSUMER BASED.

LAUNCHING OF THE NEW, DONOR-FUNDED WEBSITE WWW.BENDIXFAMILYPHYSICIANS.ORG

RECRUITING NEW PATIENT FAMILIES THROUGH A WELL CLINIC EVENT.

ENTERING INTO AN AGREEMENT WITH THE UNIVERSITY OF NOTRE DAME TO COLLABORATIVELY APPLY FOR GRANT-FUNDED PROJECTS.

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.

INCREASING THE VPN ENROLLMENT CAPACITY FROM 1200 TO OVER 1600 (WITH NO
ADDITIONAL STAFF).

MORE INFORMATION ABOUT THE PROGRAMS AND SERVICES PROVIDED BY MEMORIAL
HOSPITAL OF SOUTH BEND TO IMPROVE THE HEALTH AND WELL-BEING OF THE
COMMUNITY CAN BE FOUND AT:

[WWW.QUALITYOFLIFE.ORG/MEMORIALCMS/INDEX.CFM/ABOUT/COMMUNITY-HEALTH-PROGRAM
S-SERVICES/](http://WWW.QUALITYOFLIFE.ORG/MEMORIALCMS/INDEX.CFM/ABOUT/COMMUNITY-HEALTH-PROGRAM
S-SERVICES/).