

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 ST. MARY MEDICAL CENTER, INC.	Employer identification number 35-2007327
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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	
1b 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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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 checked="" type="checkbox"/> 300% <input 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	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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	
6b 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)		2557	4,219,971.	81,778.	4,138,193.	2.08
b Medicaid (from Worksheet 3, column a)		18144	29,246,748.	18,561,808.	10,684,940.	5.38
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		20701	33,466,719.	18,643,586.	14,823,133.	7.46
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	375	15000	774,035.	699.	773,336.	.39
f Health professions education (from Worksheet 5)	91	608	867,700.		867,700.	.44
g Subsidized health services (from Worksheet 6)		976	5,719,767.	4,855,824.	863,943.	.43
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			207,178.		207,178.	.10
j Total. Other Benefits	466	16584	7,568,680.	4,856,523.	2,712,157.	1.36
k Total. Add lines 7d and 7j.	466	37285	41,035,399.	23,500,109.	17,535,290.	8.82

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	1		5,107.		5,107.	
6 Coalition building	15		25,523.		25,523.	.01
7 Community health improvement advocacy	28		32,969.		32,969.	.02
8 Workforce development						
9 Other						
10 Total	44		63,599.		63,599.	.03

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	94,674,677.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	117,183,153.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,508,476.
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				
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10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, and primary website address

1 ST MARY MEDICAL CENTER
 1500 SOUTH LAKE PARK AVENUE
 HOBART IN 46342

2

3

4

5

6

7

8

9

10

11

12

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

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 ST MARY MEDICAL CENTER

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, with checkboxes for 'Yes' and 'No' responses.

Part V Facility Information (continued)

Financial Assistance Policy		ST MARY MEDICAL CENTER	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>0</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 checked="" type="checkbox"/> Insurance status			
e	<input checked="" type="checkbox"/> Uninsured discount			
f	<input checked="" 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 checked="" type="checkbox"/> The policy was attached to billing invoices			
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e	<input checked="" 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 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) ST MARY MEDICAL CENTER

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? 10

Name and address	Type of Facility (describe)
1 OUTPATIENT SURGERY AT LAKE PARK 7921 GRAND BOULEVARD HOBART IN 46342	OUTPATIENT SURGERY
2 CENTER FOR IMAGING & RADIATION ONCOLOGY 300 W. 61ST AVENUE HOBART IN 46342	RADIOLOGY
3 OUTPATIENT REHABILITATION 320 W. 61ST AVENUE HOBART IN 46342	REHABILITATION
4 WOMEN'S DIAGNOSTIC CENTER 320 W. 61ST AVENUE HOBART IN 46342	DIAGNOSTIC CENTER
5 PORTAGE HEALTH CENTER II 3545 ARBORS STREET PORTAGE IN 46368	OUTPATIENT CENTER
6 WILLOWCREEK HEALTH CENTER 3170 WILLOWCREEK ROAD PORTAGE IN 46368	OUTPATIENT CENTER
7 WINFIELD FAMILY HEALTH CENTER 10607 RANDOLPH STREET CROWN POINT IN 46307	OUTPATIENT CENTER
8 HEALTH & REHABILITATION SPECTRUM 1354 S. LAKE PARK AVENUE HOBART IN 46342	OUTPATIENT CENTER
9 HOME HEALTH OF ST. MARY MEDICAL CENTER 1439 S. LAKE PARK AVENUE HOBART IN 46342	HOME HEALTH
10 VALPARAISO HEALTH CENTER 3800 ST MARY DR VALPARAISO IN 46383	OUTPATIENT CENTER

Schedule H (Form 990) 2012

Part VI Supplemental Information

Complete this part to provide the following information.

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

REQUIRED DESCRIPTIONS

PART I, LINE 3C

N/A

REQUIRED DESCRIPTIONS

PART I, LINE 6A

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

REQUIRED DESCRIPTIONS

PART I, LINE 7A

BAD DEBT OF \$9,895,113 IS EXCLUDED FROM THE CALCULATION.

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

Part VI Supplemental Information

Complete this part to provide the following information.

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

REQUIRED DESCRIPTIONS

PART III, LINE 4

ST. MARY MEDICAL CENTER EVALUATES THE COLLECTIBILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING AND THE ANTICIPATED FUTURE UNCOLLECTIBLE AMOUNTS BASED ON HISTORICAL EXPERIENCE. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. ST. MARY'S DOES NOT REQUIRE COLLATERAL. THE COST TO CHARGE RATIO WAS USED TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT ARE REPORTED ON LINE 2. DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE. AS A TAX-EXEMPT HOSPITAL, WE MUST PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED. WE ESTIMATED A PERCENTAGE OF BAD DEBTS BASED UPON THE PORTION OF UNINSURED INDIVIDUALS THAT WOULD BE ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. THIS AMOUNT ENTERED ON PART III, LINE 3 SHOULD BE COUNTED AS A COMMUNITY BENEFIT.

Part VI Supplemental Information

Complete this part to provide the following information.

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

REQUIRED DESCRIPTIONS

PART III - LINE 8

THE TOTAL REVENUE RECEIVED FROM MEDICARE WAS CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM. WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE \$22,508,476 OF MEDICARE SHORTFALL AS A COMMUNITY BENEFIT.

REQUIRED DESCRIPTIONS

PART III, LINE 9B

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

Part VI Supplemental Information

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.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

REQUIRED DESCRIPTIONS

PART V SECTION B

LINE 1J - N/A

LINE 3 - FOCUS GROUPS WITH COMMUNITY AND BUSINESS LEADERS

LINE 4 - FRANCISCAN ALLIANCE AND THE METHODIST HOSPITALS

LINE 5C - N/A

LINE 6I - N/A

LINE 7 - COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED

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

ST. MARY MEDICAL CENTER SERVICE AREAS:

- " ACCESS TO HEALTH SERVICES
- " CANCER
- " CHRONIC KIDNEY DISEASE

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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- 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.

" INJURY & VIOLENCE PREVENTION

" MENTAL HEALTH & MENTAL DISORDERS

" SUBSTANCE ABUSE

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

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

LINE 10 - N/A

LINE 11 - N/A

LINE 12H - N/A

LINE 14G - N/A

LINE 16E - N/A

LINE 17E - N/A

LINE 18E - N/A

LINE 19C - N/A

LINE 19D - N/A

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

LINE 21 - N/A

Part VI Supplemental Information

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LINE 22 - N/A

NEEDS ASSESSMENT

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

CHNA REPORT LOCATED AT [HTTP://CHSSTMARY.HEALTHFORECAST.NET/](http://CHSSTMARY.HEALTHFORECAST.NET/)

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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

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FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.

COMMUNITY INFORMATION

ST. MARY MEDICAL CENTER SERVES AN OLDER POPULATION WITH AN EXPECTED LOSS OF POPULATION IN THE NEXT FIVE YEARS. ST. MARY'S CONTINUES TO SEE GROWTH IN AREAS SUCH AS ORTHOPEDICS AND GENERAL AND BARIATRIC SURGERY.

PROMOTION OF COMMUNITY HEALTH

ALZHEIMER'S SUPPORT GROUP - ALZHEIMER'S SUPPORT GROUP MEETS THE THIRD TUESDAY OF EACH MONTH AT ST. MARY MEDICAL CENTER. THIS GROUP IS FOR PATIENTS, FAMILY AND FRIENDS DEALING WITH ALZHEIMER'S. PARTICIPANTS IN SUPPORT GROUPS RECEIVE EMOTIONAL SUPPORT, PRACTICAL ASSISTANCE IN COPING WITH THE ISSUES THEY FACE AND THE LATEST INFORMATION ABOUT RESEARCH.

ALZHEIMER'S SYMPOSIUM - SUPPORT AND RESOURCES ARE PROVIDED TO HELP

Part VI Supplemental Information

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CAREGIVERS AND THOSE IN VERY EARLY STAGES OF ALZHEIMER'S LEARN ABOUT AND NAVIGATE THE MEDICAL AND LEGAL ISSUES OF THIS DIAGNOSIS. A PHYSICIAN AND ATTORNEY GIVE A PRESENTATION AND PARTICIPANTS MAY ALSO MEET VENDORS AND LEARN ABOUT AVAILABLE RESOURCES INCLUDING ASSISTED LIVING, HOME MONITORING AND OTHER SUPPORT PRODUCTS SERVICES.

AMERICAN CANCER SOCIETY ROAD TO RECOVERY VOLUNTEER PROGRAM - THIS VOLUNTEER TRAINING PROGRAM PREPARES VOLUNTEERS TO TRANSPORT PATIENTS WITH CANCER TO AND FROM APPOINTMENTS WHEN THEY ARE UNABLE TO TRANSPORT THEMSELVES. THE HOSPITAL PROVIDES SPACE, ORGANIZATION AND PROFESSIONALS TO HELP TRAIN VOLUNTEERS.

BARIATRIC SEMINAR - USING A TEAM APPROACH TO ACHIEVING WEIGHT LOSS, BARIATRIC SURGEONS AND MEDICAL WEIGHT-LOSS PROFESSIONALS DISCUSS THE ETIOLOGY OF OBESITY, ITS EFFECT ON AN INDIVIDUAL'S PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL HEALTH. THE GOAL IS TO IMPROVE THE MEDICAL COMPLICATIONS OF LIFE-THREATENING OBESITY.

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BLOOD PROFILE SCREENING - THESE SCREENINGS OFFER A WAY FOR THOSE CONCERNED ABOUT HEART HEALTH TO MONITOR CHOLESTEROL, HDL, TRIGLYCERIDES OR GLUCOSE. NO PHYSICIAN ORDER IS NECESSARY FOR THE SCREENING.

BLOOD PRESSURE SCREENING - THESE ARE BLOOD PRESSURE SCREENINGS FREE TO THE PUBLIC AT THE PORTAGE YMCA. PARTICIPANTS ARE COUNSELED BY AN RN AND GIVEN EDUCATIONAL MATERIAL REGARDING BLOOD PRESSURE AND HOW IT RELATES TO THEIR HEALTH.

BMI/BODY FAT ANALYSIS - THESE ARE BMI AND BODY FAT SCREENINGS FREE TO THE PUBLIC AT THE PORTAGE YMCA. PARTICIPANTS ARE COUNSELED BY AN RN AND GIVEN EDUCATIONAL MATERIAL REGARDING BMI AND BODY FAT PERCENTAGE AND HOW IT RELATES TO THEIR HEALTH.

BREASTFEEDING CLASS - THIS CLASS PROVIDES EDUCATION AND SUPPORT FOR WOMEN WHO WANT TO BREASTFEED. TEENS, PARTNERS, AND GRANDPARENTS WELCOME.

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CANCER SURVIVORS DAY - THE CANCER RESOURCE CENTRE AND ST. MARY MEDICAL CENTER PROVIDE A LOCAL CELEBRATION OF THIS NATIONAL EVENT, HONORING THE STRENGTH AND COURAGE OF THOSE WHO HAVE LIVED - AND CONTINUE TO LIVE - WITH CANCER. PRIZES ARE RAFFLED AND EACH ATTENDEE RECEIVES A MOTIVATIONAL GIFT AS WELL AS FOOD AND ENTERTAINMENT.

CARDIOPULMONARY REHAB "BREATHLESS" SUPPORT GROUP - THIS SUPPORT GROUP PROVIDES PATIENTS WITH INFORMATION ABOUT HOW TO LIVE AND THRIVE WHILE DEALING WITH CARDIOPULMONARY ISSUES. GROUP PROVIDES A SUPPORTIVE RESOURCE FOR PATIENTS AND FAMILY MEMBERS.

CHOICES IN CHILDBIRTH - SIX EDUCATIONAL CLASSES ARE OFFERED EACH SESSION FOR THOSE IN THEIR LAST TRIMESTER OF PREGNANCY. CLASSES INCLUDE INFORMATIVE LECTURES ABOUT COMFORT MEASURES AND MEDICATION AVAILABLE FOR PAIN. THE LAST SESSION FOCUSES ON MANAGEMENT OF BREAST-FEEDING AND NEWBORN BEHAVIOR PATTERNS.

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CLINICAL EDUCATION FOR MINISTRY - TRAINING COLLEGE STUDENTS FOR PASTORAL CARE.

COOKING DEMONSTRATIONS - CHEF RYAN C. SMITH DEMONSTRATES DELECTABLE APPETIZERS, SALADS, ENTREES, DESSERTS AND MORE IN THESE FUN AND INTERACTIVE DEMONSTRATIONS THAT HELPS PARTICIPANTS LEARN ABOUT NUTRITION AND ATTAINABLE FOOD PREPARATION.

CORONARY HEALTH APPRAISAL - THIS APPRAISAL HELPS TO DETERMINE RISK FOR HEART DISEASE AND OTHER RELATED MEDICAL CONDITIONS. THIS DISCOUNTED SCREENING INCLUDES: CHOLESTEROL (TOTAL, HDL, LDL, TRIGLYCERIDES), BLOOD SUGAR, METABOLIC SYNDROME, BLOOD PRESSURE, BODY MASS INDEX AND A HEART HEALTH PROFILE.

COUMADIN CLASS - A PHARMACIST AND DIETICIAN DISCUSS APPROPRIATE DIET AND MEDICATIONS TO AVOID WHILE TAKING COUMADIN.

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CROSSROADS REGIONAL CHAMBER OF COMMERCE BUSINESS EXPO - VARIOUS HOSPITAL DEPARTMENTS PROVIDE INFORMATION ABOUT SERVICE LINES AND SCREENINGS, SUCH AS BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, AND GRIP STRENGTH TESTING.

DIABETES CLASS - THIS IS A CLASS THAT DISCUSSES DIABETES MANAGEMENT, THE PROPER USE OF MEDICATION, GLUCOSE MONITORING, MEAL PLANNING AND DIABETES COMPLICATIONS.

HEALTH EDUCATION AND SEMINARS - ST. MARY MEDICAL CENTER PHYSICIANS OFFERED NUMEROUS FREE COMMUNITY PRESENTATIONS ON A VARIETY OF HEALTH TOPICS INCLUDING HEART DISEASE, ARTHRITIS, SPINE CARE, ENT/SINUS, PULMONARY HEALTH, GASTROENTEROLOGY, AND MORE.

HEARTS OF HOPE - THE HEARTS OF HOPE TREE AT ST. MARY MEDICAL CENTER SHINES WITH THE HELP AND SUPPORT OF DONATIONS TO CARDIAC RESEARCH. THE

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HEARTS OF HOPE TREE IS DECORATED WITH LIGHTS THAT REPRESENT CONTRIBUTIONS MADE IN HONOR OF OR IN MEMORY OF SOMEONE WHO HAS BEEN AFFECTED BY HEART DISEASE. MONIES RAISED THROUGH DONATIONS FUND VITALLY NEEDED RESEARCH FOR HEART DISEASE. DONORS AND HONOREES ARE INVITED TO A HEARTS OF HOPE TREE LIGHTING CEREMONY THAT CELEBRATES CARDIAC RESEARCH SUCCESS STORIES OF ST. MARY MEDICAL CENTER.

HOBART CHAMBER OF COMMERCE BUSINESS EXPO - VARIOUS HOSPITAL DEPARTMENTS PROVIDE INFORMATION ABOUT SERVICE LINES AND SCREENINGS, SUCH AS BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, AND GRIP STRENGTH TESTING.

HOPE NETWORK CANCER SUPPORT GROUP - THE LAST WEDNESDAY OF EACH MONTH THIS GROUP MEETS FOR INFORMATIVE SESSIONS WHERE THEY CAN SHARE THOUGHTS AND FEELINGS IN A COMFORTABLE AND CONFIDENTIAL ATMOSPHERE.

IUN - HIT SUMMER CLINICAL - 10 DAYS OF FREE CLINICAL NURSING EDUCATION AND TRAINING FOR IUN NURSING STUDENTS. KNOX SUITE - KNOX SUITE IS SIMILAR TO A HOTEL ROOM THAT IS LOCATED ON THE FOURTH FLOOR OF THE

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HOSPITAL AND ACCOMMODATES FAMILIES THAT NEED A PLACE TO STAY.

LOOK GOOD-FEEL BETTER - THIS CLASS HELPS IMPROVE THE PHYSICAL APPEARANCE OF CANCER PATIENTS BY HELPING THEM WITH MAKE-UP AND WIGS TO AIDE IN THEIR MENTAL AND EMOTIONAL WELL BEING IN THEIR STRUGGLE WITH CANCER. THIS CLASS IS PUT ON BY THE STAFF FROM WOMEN'S DIAGNOSTIC CENTER IN CONJUNCTION WITH THE AMERICAN CANCER SOCIETY.

MEDICAL STUDENT INTERNSHIPS - MEDICAL STUDENTS INTERESTED IN LEARNING MORE ABOUT A CLINICAL HOSPITAL SETTING CAN SPEND THEIR SUMMER IN A VOLUNTEER PROGRAM AT ST. MARY MEDICAL CENTER. THIS INNOVATIVE PROGRAM ALLOWS PRE-MED STUDENTS TO SHADOW THE MANY DEPARTMENTS AND UNITS OF A COMMUNITY-BASED HOSPITAL TO ASSIST THEM IN MAKING IMPORTANT DECISIONS REGARDING THEIR FUTURE MEDICAL CAREERS. VIJAY DAVE, M.D. IS THE DIRECTOR OF MEDICAL EDUCATION AT ST. MARY MEDICAL CENTER AND HEADS UP THE SUMMER PROGRAM WHICH PARTNERS WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE - NORTHWEST AND THE NORTHWEST INDIANA AREA HEALTH EDUCATION CENTER.

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MOVING FORWARD - STROKE EDUCATION - STROKE SURVIVORS AND CAREGIVERS LEARN TO PREVENT FUTURE STROKES THROUGH RISK DETECTION AND MANAGEMENT. THIS IS A FIVE-PART SERIES THAT MEETS EVERY OTHER WEEK MONDAY - FRIDAY FROM 4-5 P.M.

NEW BEGINNINGS TRANSPLANT NETWORK - THIS SUPPORT GROUP PROVIDES EDUCATIONAL INFORMATION AND MAINTAINS CONTACT WITH DONOR FAMILIES, TRANSPLANT RECIPIENTS, AND PATIENTS ON THE WAITING LIST.

NUTRITION COUNSELING - DIETARY EVALUATION AND COUNSELING BY A REGISTERED DIETITIAN.

PAD SCREENINGS - THIS 20-MINUTE LIMITED, MULTI-LEVEL VASCULAR SCREENING FOR PERIPHERAL ARTERIAL DISEASE (PAD) USES THE LATEST TECHNOLOGY TO SCREEN FOR BLOCKAGES IN THE ARTERIES OF THE LEGS.

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PHYSICIAN PRESENTATIONS - TOPICS INCLUDE CARDIOVASCULAR ISSUES, HEART VALVE DISEASE, ORTHOPEDICS, PLASTIC SURGERY, SINUSITIS, GERD, PODIATRY, AND MORE.

PORTAGE COMMUNITY AND BUSINESS NIGHT - VARIOUS HOSPITAL DEPARTMENTS PROVIDE INFORMATION ABOUT SERVICE LINES AND SCREENINGS, SUCH AS BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, AND GRIP STRENGTH TESTING.

PORTER COUNTY CHAMBER COALITION NETWORK NIGHT - VARIOUS HOSPITAL DEPARTMENTS PROVIDE INFORMATION ABOUT SERVICE LINES AND SCREENINGS, SUCH AS BLOOD PRESSURE, BODY COMPOSITION, BONE DENSITY, AND GRIP STRENGTH TESTING.

PORTAGE SENIOR HEALTH FAIR - THIS HEALTH FAIR FOR SENIORS IN PORTAGE PROVIDES PARTICIPANTS WITH FREE HEALTH SCREENINGS, INFORMATION, GIVEAWAYS, AND ACCESS TO SERVICES.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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PULMONARY FUNCTION SCREENINGS - FREE PFT SCREENINGS FOR THE COMMUNITY AND BLOOD PRESSURE AND OXYGEN CONCENTRATION LEVELS. PARTICIPANTS ARE GIVEN EDUCATIONAL MATERIALS REGARDING PULMONARY FUNCTION AND HOW IT RELATES TO THEIR HEALTH.

SCOUTING FOR FOOD - ST. MARY MEDICAL CENTER EMPLOYEES HELP REPLENISH THE SHELVES OF THE HOBART FOOD PANTRY. ST. MARY MEDICAL CENTER PARTNERS WITH BOY SCOUTS OF AMERICA - CALUMET COUNCIL TO PARTICIPATE IN THIS ANNUAL FOOD DRIVE CAMPAIGN. FOOD COLLECTION AND DELIVERY ARE ORGANIZED UNDER THE AUSPICES OF ST. MARY MEDICAL CENTER'S CHRISTIAN AWARENESS COMMITTEE.

SKIN CANCER SCREENINGS - PHYSICIAN EXAMINES ANY QUESTIONABLE AREAS OF THE BODY TO LOOK FOR INDICATIONS OF CANCER OR PRE-CANCEROUS CONDITIONS. THIS SCREENING TAKES PLACE AT A PARTICIPATING ST. MARY MEDICAL CENTER PHYSICIAN'S OFFICE ON A MONTHLY BASIS.

SMOKING CESSATION: "I QUIT!"- THIS IS A BEHAVIOR MODIFICATION PROGRAM TO

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HELP INDIVIDUALS IN THEIR ATTEMPT TO QUIT SMOKING.

STROKE CLASS- THIS IS A FIVE-DAY CLASS REVIEWING ALL ASPECTS OF STROKE BY NURSING, OCCUPATIONAL THERAPIST, PHYSICAL THERAPIST, SPEECH THERAPIST AND SOCIAL WORKER.

SHARE YOUR GRIEF SUPPORT - SUPPORT OFFERED TO THOSE SUFFERING FROM THE LOSS OF A LOVED ONE.

STROKE SYMPOSIUM - THIS HEALTH FAIR AND SERIES OF PHYSICIAN PRESENTATIONS PROVIDES ATTENDEES WITH INFORMATION ABOUT STROKE, INCLUDING SIGNS, SYMPTOMS, TREATMENT AFTER STROKE, NUTRITION, PHYSICAL ACTIVITY, REHABILITATION, AND MORE.

TEACHING GARDENS - IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION, ST. MARY MEDICAL CENTER SUPPORTS ELEMENTARY SCHOOL PROJECTS THAT EDUCATE AND PROMOTE HEALTHY EATING AND NUTRITION AMONG CHILDREN AND FAMILIES WITH

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VEGETABLE GARDENS ON-SITE AT SELECT SCHOOLS.

WEIGHT NO MORE SUPPORT GROUP - THIS SUPPORT GROUP PROVIDES INFORMATION, SUPPORT AND A NETWORK OF PROFESSIONALS TO THOSE CONSIDERING TREATMENT OPTIONS FOR OBESITY.

WORLD COPD AWARENESS DAY EVENT - THIS HEALTH FAIR AND PHYSICIAN PRESENTATION PROVIDES PARTICIPANTS WITH INFORMATION ABOUT CHRONIC OBSTRUCTIVE PULMONARY DISEASE, INCLUDING FREE SCREENINGS, SEMINAR BY A PULMONOLOGIST, AND INFORMATION ABOUT MEDICATIONS.

AFFILIATED HEALTH CARE SYSTEM

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

Part VI Supplemental Information

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STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA

FACILITY REPORTING GROUPS

SEE REQUIRED DESCRIPTIONS

PART III, LINE 8

COST REPORT	(8,920,255)
MEDICARE MANAGED CARE	(4,169,202)
FEE-BASED OUTPATIENT CHARGES	(4,572,647)
DISALLOWED MEDICARE EXPENSES	(4,846,372)
TOTAL (SHORTFALL)	(22,508,476)

PART V, LINE 20D

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

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-250% IS DISCOUNTED 80%. 251%-300% IS DISCOUNTED 60%.

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

REGARDLESS OF THE FEDERAL POVERTY LEVEL. WE OFFER 30% DISCOUNT TO TRUE

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