

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

**Hospitals**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

ST. MARY MEDICAL CENTER, INC.

Employer identification number

35-2007327

**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 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 free 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 discounted 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	
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	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
a Financial Assistance at cost (from Worksheet 1) . . . . .		1972	4,002,597.	182,832.	3,819,765.	1.80
b Medicaid (from Worksheet 3, column a) . . . . .		19872	35,100,814.	22,356,750.	12,744,064.	6.00
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .		21844	39,103,411.	22,539,582.	16,563,829.	7.80
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	317	10412	329,327.	827.	328,500.	.15
f Health professions education (from Worksheet 5) . . . . .	48	266	499,616.		499,616.	.24
g Subsidized health services (from Worksheet 6) . . . . .		239	2,260,278.	1,998,634.	261,644.	.12
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	137		172,519.		172,519.	.08
j Total Other Benefits . . . . .	502	10917	3,261,740.	1,999,461.	1,262,279.	.59
k Total. Add lines 7d and 7j. . . . .	502	32761	42,365,151.	24,539,043.	17,826,108.	8.39

**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	1		16,489.	10,685.	5,804.	
4 Environmental improvements						
5 Leadership development and training for community members	1	6	5,207.		5,207.	
6 Coalition building	9	1412	12,240.		12,240.	
7 Community health improvement advocacy	18	600	19,276.		19,276.	
8 Workforce development						
9 Other						
10 Total	29	2018	53,212.	10,685.	42,527.	

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

		Yes	No
<b>Section A. Bad Debt Expense</b>			
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	2,418,069.
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	24,181.
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.		
<b>Section B. Medicare</b>			
5	Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	93,541,893.
6	Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	104,460,574.
7	Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-10,918,681.
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 checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		
<b>Section C. Collection Practices</b>			
9a	Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X
9b	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**

**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, primary website address, and state license number

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

	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
<u>1</u>	X	X					X			
<u>2</u>										
<u>3</u>										
<u>4</u>										
<u>5</u>										
<u>6</u>										
<u>7</u>										
<u>8</u>										
<u>9</u>										
<u>10</u>										

**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, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

**Part V Facility Information (continued)**

Financial Assistance Policy		ST MARY MEDICAL CENTER, 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 free 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 Section C the criteria the hospital facility used.		X	
11	Used FPG to determine eligibility for providing discounted 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 Section C 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"/> Residency			
i	<input type="checkbox"/> Other (describe in Section C)			
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 Section C)			
<b>Billing and Collections</b>				
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 individual'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 Section C)			
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 individual'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 Section C)			

**Part V Facility Information (continued)** ST MARY MEDICAL CENTER, 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 individuals regarding the individuals' bills
  - d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	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:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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

<b>20</b>	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>21</b>	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.		X
<b>22</b>	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 Section C.		X

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 3 - COMMUNITY STAKEHOLDERS:

FOCUS GROUPS HELD AS PART OF THIS CHNA INCORPORATED INPUT FROM 44 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS) IN THE AREA WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN THE FOUR COUNTIES, INCLUDING LOW INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS. THE FIVE GROUPS CONSISTED OF DOCTORS, OTHER HEALTH PROVIDERS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS, AND OTHER COMMUNITY LEADERS. THE COMPLETE LIST CAN BE FOUND ON PAGES 102 AND 103 OF OUR CHNA.

PART V, SECTION B, LINE 4 - HOSPITAL FACILITIES CHNA WAS CONDUCTED WITH:

COMMUNITY HEALTHCARE SYSTEM:

COMMUNITY HOSPITAL

ST. CATHERINE HOSPITAL, INC.

FRANCISCAN ALLIANCE:

ST. ANTHONY HEALTH

ST. MARGARET HEALTH - HAMMOND

ST. MARGARET HEALTH - DYER

THE METHODIST HOSPITALS, INC.:

NORTHLAKE CAMPUS

SOUTHLAKE CAMPUS

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 7 - CHNA NEEDS IDENTIFIED BUT 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:

- " ACCESS TO HEALTH SERVICES
- " CANCER
- " CHRONIC KIDNEY DISEASE
- " FAMILY PLANNING
- " INJURY & VIOLENCE PREVENTION
- " ORAL HEALTH

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.

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

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF THE MOST VULNERABLE  
RESIDENTS - OUR NEWBORNS.

PART V, SECTION B, LINE 20D - FAP ELIGIBILITY:

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%-300% IS CHARGED BASED ON MEDICARE RATES. OVER 300% IS CHARGED BASED  
ON AVERAGE OF MEDICARE AND LOWEST MANAGED CARE RATES COMBINED.

PATIENTS MAY ALSO BE ELIGIBLE FOR SELF-PAY/PROMPT PAY DISCOUNTS  
REGARDLESS OF FEDERAL POVERTY LEVEL. WE OFFER 30% DISCOUNT TO TRUE  
SELF-PAY ACCOUNTS AND AN ADDITIONAL 10% DISCOUNT FOR PROMPT PAYMENT.

**Part V Facility Information (continued)****Section D. 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)
<b>1</b> OUTPATIENT SURGERY AT LAKE PARK 7921 GRAND BOULEVARD HOBART IN 46342	OUTPATIENT SURGERY
<b>2</b> CENTER FOR IMAGING & RADIATION ONCOLOGY 300 WEST 61ST AVENUE HOBART IN 46342	RADIOLOGY
<b>3</b> OUTPATIENT REHABILITATION 320 WEST 61ST AVENUE HOBART IN 46342	REHABILITATION
<b>4</b> WOMEN'S DIAGNOSTIC CENTER 320 WEST 61ST AVENUE HOBART IN 46342	DIAGNOSTIC CENTER
<b>5</b> PORTAGE HEALTH CENTER II 3545 ARBORS STREET PORTAGE IN 46368	OUTPATIENT CENTER
<b>6</b> WILLOWCREEK HEALTH CENTER 3170 WILLOWCREEK ROAD PORTAGE IN 46368	OUTPATIENT CENTER
<b>7</b> WINFIELD FAMILY HEALTH CENTER 10607 RANDOLPH STREET CROWN POINT IN 46307	OUTPATIENT CENTER
<b>8</b> HEALTH & REHABILITATION SPECTRUM 1354 SOUTH LAKE PARK AVENUE HOBART IN 46342	OUTPATIENT CENTER
<b>9</b> HOME HEALTH OF ST. MARY MEDICAL CENTER 1439 SOUTH LAKE PARK AVENUE HOBART IN 46342	HOME HEALTH
<b>10</b> VALPARAISO HEALTH CENTER 3800 ST. MARY DRIVE VALPARAISO IN 46383	OUTPATIENT CENTER

Schedule H (Form 990) 2013

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

PART I, LINE 3C - FACTORS OTHER THAN FPG USED TO DETERMINE FAP ELIGIBILITY

N/A - FPG IS THE ONLY FACTOR USED

PART I, LINE 6A - WAS A COMMUNITY BENEFIT REPORT PREPARED:

THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT. ST. MARY MEDICAL CENTER, INC. MAKES ITS 990 AVAILABLE TO THE PUBLIC.

PART I, LINE 7 - FINANCIAL ASSISTANCE & OTHER COMMUNITY BENEFITS AT COST:

COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT. THE EXPENSE INCLUDES THE HAF FEE.

PART II - COMMUNITY BUILDING ACTIVITIES

COMMUNITY SUPPORT (LINE 3)

THIS CATEGORY CAN INCLUDE "DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES, SUCH AS READINESS TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT ENTITIES." EXPENSES AND REVENUES

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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RELATING TO THE BIO-TERRORISM DEPARTMENT OF THE HOSPITAL HAVE BEEN INCLUDED IN THIS CATEGORY.

LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBER (LINE 5)

THIS CATEGORY INCLUDES "TRAINING IN CONFLICT RESOLUTION; CIVIC, CULTURAL OR LANGUAGE SKILLS; AND MEDICAL INTERPRETER SKILLS FOR COMMUNITY RESIDENTS." THE COSTS REPORTED HERE RELATE TO A MENTORING PROGRAM THAT IS HELD AT A LOCAL HIGH SCHOOL.

COALITION BUILDING (LINE 6)

THIS CATEGORY IS TO INCLUDE "PARTICIPATION IN COMMUNITY COALITIONS AND OTHER COLLABORATIVE EFFORTS WITH THE COMMUNITY TO ADDRESS HEALTH AND SAFETY ISSUES." THE COSTS REPORTED HERE PERTAIN TO PARTICIPATION IN FUNCTIONS WITH THE LOCAL CHAMBER OF COMMERCE.

COMMUNITY HEALTH IMPROVEMENT ADVOCACY (LINE 7)

THIS CATEGORY IS TO INCLUDE "EFFORTS TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD OR IMPROVE PUBLIC HEALTH ACCESS TO HEALTH CARE SERVICES." THE

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PRIMARY ACTIVITIES OF THE HOSPITAL IN THIS CATEGORY HAVE BEEN

SPONSORSHIPS OF AN EMT PROGRAM AT A LOCAL HIGH SCHOOL AS WELL AS A NUMBER OF COMMUNITY HEALTH FAIRS.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:

THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:

WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:

PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED

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NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS, THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST THE ALLOWANCE FOR BAD DEBTS.

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PART III, LINE 8 - WHY MEDICARE SHORTFALL SHOULD BE COMMUNITY BENEFIT:

WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:

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.

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## 2. NEEDS ASSESSMENT

IN COLLABORATION WITH COMMUNITY HEALTHCARE SYSTEM, FRANCISCAN ALLIANCE,  
AND THE METHODIST HOSPITALS, INC., ST. MARY MEDICAL CENTER, INC.,  
CONTRACTED WITH A THIRD PARTY TO PERFORM OUR COMMUNITY HEALTH NEEDS  
ASSESSMENT AS PER REGULATION 501(R). THE MOST RECENT CHNA WAS CONDUCTED  
IN 2013 AND IS AVAILABLE ON THE FOLLOWING WEBSITES:

[HTTP://WWW.COMHS.ORG/STMARY](http://www.comhs.org/stmary)

[HTTP://WWW.CHSSTMARY.HEALTHFORECAST.NET](http://www.chsstmary.healthforecast.net)

## 3. 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  
FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM

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AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.

#### 4. COMMUNITY INFORMATION

LOCATED IN HOBART, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING HOBART TO THE STATE OF INDIANA:

	HOBART	INDIANA
PERSONS UNDER 18 YEARS, PERCENT, 2010	23.1%	24.8%
PERSONS 65 YEARS AND OVER, PERCENT, 2010	14.4%	13.0%
WHITE ALONE, PERCENT, 2010 (A)	85.3%	84.3%
BLACK OR AFRICAN AMERICAN ALONE, PERCENT, 2010 (A)	7.0%	9.1%
HISPANIC OR LATINO, PERCENT, 2010 (B)	13.9%	6.0%
WHITE ALONE, NOT HISPANIC OR LATINO, PERCENT, 2010	76.9%	81.5%
HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2009-2013	88.7%	87.2%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2009-2013	15.4%	23.2%

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MEDIAN HOUSEHOLD INCOME, 2009-2013	\$55,617	\$48,248
PERSONS BELOW POVERTY LEVEL, PERCENT, 2009-2013	10.2%	15.4%

(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.

(B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE CATEGORIES.

#### 5. PROMOTION OF COMMUNITY HEALTH

SINCE 1973, ST. MARY MEDICAL CENTER, INC. HAS MET THE HEALTHCARE NEEDS OF THE NORTHWEST INDIANA COMMUNITY, HAVING STARTED THROUGH THE MINISTRY OF THE POOR HANDMAIDS OF JESUS CHRIST. THIS ORDER OF ANCILLA DOMINI SISTERS BEGAN THEIR MINISTRY IN LAKE COUNTY WHEN THEY CAME TO MERCY HOSPITAL IN GARY IN 1913. THE SISTERS CONTINUE THEIR MISSION HERE TODAY, AT ST. MARY MEDICAL CENTER, INC. AND THROUGHOUT LAKE COUNTY.

IN 2001, ST. MARY MEDICAL CENTER, INC. BECAME PART OF COMMUNITY HEALTHCARE SYSTEM, COMPRISED OF ST. MARY MEDICAL CENTER IN HOBART, ST.

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CATHERINE HOSPITAL, INC. IN EAST CHICAGO, AND COMMUNITY HOSPITAL IN MUNSTER. ST. MARY MEDICAL CENTER, INC. REMAINS DEDICATED TO ITS ROMAN CATHOLIC TRADITION. IT IS OUR GOAL TO BE THE PREMIER HOSPITAL SYSTEM IN INDIANA. OUR DEDICATION TO THIS END IS EVIDENT IN THE CARING SPIRIT OF OUR STAFF, COUPLED WITH THE BEST FACILITIES AND TECHNOLOGIES WE CAN OFFER OUR PATIENTS AND THEIR FAMILIES. IN 2004, THE HOSPITAL EXPANDED WITH A NEW \$40 MILLION PATIENT TOWER OFFERING COMFORTABLE, PRIVATE ROOMS AND ADVANCED BEDSIDE TECHNOLOGY. DURING THE NEXT DECADE, GROWTH CONTINUED WITH THE OPENING OF A NEW ADVANCED IMAGING CENTER, A NEW AND EXPANDED EMERGENCY DEPARTMENT, THE OPENING OF ADDITIONAL OUTPATIENT LOCATIONS IN PORTAGE, HOBART AND VALPARAISO. IN 2015, THE HOSPITAL PLANS ON OPENING A NEW \$40 MILLION SURGICAL PAVILION, FURTHERING OUR COMMITMENT TO PROVIDING THE HIGHEST QUALITY CARE WITH THE MOST ADVANCED TECHNOLOGIES, TO PROVIDE PATIENTS OF NORTHWEST INDIANA THE FINEST HEALTH CARE AVAILABLE TODAY. ST. MARY MEDICAL CENTER, INC. TAKES PRIDE IN BEING RESPONSIVE TO THE NEEDS OF OUR COMMUNITY. BELOW, WE HAVE LISTED CURRENT PROGRAMS TO MEET THOSE NEEDS. THE DESIGNATED POPULATION THAT ST. MARY MEDICAL CENTER IS FOCUSING ON INCLUDES THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK

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FOR DISEASE AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - DIABETES, HEART DISEASE & STROKE, AND MATERNAL INFANT & CHILD HEALTH. THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES, AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION, PREVENTION AND ACCESS TO MEDICAL SERVICES. ST. MARY MEDICAL CENTER HAS INVESTED GREATLY IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS.

ALZHEIMER'S SUPPORT GROUP - ALZHEIMER'S SUPPORT GROUP MEETS THE THIRD TUESDAY OF EACH MONTH AT ST. MARY MEDICAL CENTER, INC. THIS GROUP IS FOR PATIENTS, FAMILY AND FRIENDS DEALING WITH ALZHEIMER'S. PARTICIPANTS IN

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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 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

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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.

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.

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

CANCER SURVIVORS DAY - THE CANCER RESOURCE CENTRE AND ST. MARY MEDICAL CENTER, INC. 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.

CANCER SURVIVORSHIP SYMPOSIUM - THIS SYMPOSIUM FEATURED VENDORS, ACTIVITIES, AND KEYNOTE SPEAKER WHO PROVIDE SUPPORT FOR THOSE LIVING WITH, THROUGH AND BEYOND A CANCER DIAGNOSIS. ATTENDEES LEARNED ABOUT FOOD AND NUTRITIONAL NEEDS THAT CAN SUPPORT THEM THROUGH THE VARIOUS STAGES OF LIVING WITH CANCER.

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

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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.

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

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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.

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.

DUNELAND CHAMBER OF COMMERCE - ART AFTER DARK EVENT, ST. MARY MEDICAL CENTER, INC. PHYSICIANS MANNED A KIDS' BOOTH FOR ATTENDEES AND THEIR

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CHILDREN TO LEARN HEALTH SAFETY TIPS, AND HEALTHY CHILDHOOD NUTRITION.

HEALTH EDUCATION AND SEMINARS - ST. MARY MEDICAL CENTER, INC. 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, INC. SHINES WITH THE HELP AND SUPPORT OF DONATIONS TO CARDIAC RESEARCH. THE 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, INC.

HOBART CHAMBER OF COMMERCE BUSINESS EXPO - VARIOUS HOSPITAL DEPARTMENTS PROVIDE INFORMATION ABOUT SERVICE LINES AND SCREENINGS, SUCH AS BLOOD

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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 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.

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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, INC. 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, INC. AND HEADS UP THE SUMMER PROGRAM WHICH PARTNERS WITH INDIANA UNIVERSITY SCHOOL OF MEDICINE - NORTHWEST AND THE NORTHWEST INDIANA AREA HEALTH EDUCATION CENTER.

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,

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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.

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

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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.

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, INC. EMPLOYEES HELP REPLENISH THE SHELVES OF THE HOBART FOOD PANTRY. ST. MARY MEDICAL CENTER, INC. 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

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AWARENESS COMMITTEE.

SHOREWOOD HEALTH FAIR - ST. MARY MEDICAL CENTER, INC. ORGANIZED AND HELD A "KICK OFF A HEALTHY SUMMER" HEALTH FAIR FOR THE SHOREWOOD NEIGHBORHOOD OF VALPARAISO. THE FAIR PROVIDED SUN SAFETY TIPS, FREE BLOOD PRESSURE AND CHOLESTEROL SCREENINGS, AND SKIN-CANCER AWARENESS EDUCATION.

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, INC. PHYSICIAN'S OFFICE ON A MONTHLY BASIS.

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

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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.

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

WINFIELD TOWNSHIP COMMUNITY FEST - SPONSORED AND MANNED A TABLE WITH  
PHYSICIAN AND EDUCATIONAL HEALTH INFORMATION. ALSO PROVIDED FREE BLOOD  
PRESSURE SCREENINGS TO ATTENDEES.

WORLD COPD AWARENESS DAY EVENT - THIS HEALTH FAIR AND PHYSICIAN

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PRESENTATION PROVIDES PARTICIPANTS WITH INFORMATION ABOUT CHRONIC OBSTRUCTIVE PULMONARY DISEASE, INCLUDING FREE SCREENINGS, SEMINAR BY A PULMONOLOGIST, AND INFORMATION ABOUT MEDICATIONS.

OVER THE LAST SEVERAL YEARS, FOCUSED EFFORTS HAVE BEEN MADE TO DEVELOP OUTREACH EDUCATION PROGRAMS AND OFFER HEALTH SCREENINGS THAT ADDRESS CHALLENGES UNIQUE TO OUR NEIGHBORHOODS. WHEN POSSIBLE, OUR COMMUNITY OUTREACH TEAM EMBRACES AN INNOVATIVE APPROACH, TAKING PROGRAMS OUT OF THE HOSPITAL AND INTO LOCAL CHURCHES, COMMUNITY CENTERS, AND THE WORKPLACE. THIS APPROACH ALLOWS US TO SERVE MORE PEOPLE IN SETTINGS THEY FIND COMFORTABLE AND CONVENIENT.

#### 6. AFFILIATED HEALTH CARE SYSTEM

ST. MARY MEDICAL CENTER, INC. 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

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TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA