

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

▶ **Attach to Form 990.**

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

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**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		1430	3,239,645.	146,005.	3,093,640.	1.44
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .		23530	32,718,608.	19,956,171.	12,762,437.	5.92
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .		24960	35,958,253.	20,102,176.	15,856,077.	7.36
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	244	6688	488,177.	73,285.	414,892.	.19
<b>f</b> Health professions education (from Worksheet 5) . . . . .	137	1262	1,313,693.		1,313,693.	.61
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .		19	383,080.	346,694.	36,386.	.02
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	89		125,248.		125,248.	.06
<b>j</b> <b>Total</b> Other Benefits . . . . .	470	7969	2,310,198.	419,979.	1,890,219.	.88
<b>k</b> <b>Total</b> . Add lines 7d and 7j. . . . .	470	32929	38,268,451.	20,522,155.	17,746,296.	8.24

**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		11,219.	9,425.	1,794.	
4 Environmental improvements						
5 Leadership development and training for community members	1	44	8,222.		8,222.	
6 Coalition building	18	697	16,047.		16,047.	.01
7 Community health improvement advocacy	27	962	21,044.		21,044.	.01
8 Workforce development						
9 Other						
10 Total	47	1703	56,532.	9,425.	47,107.	.02

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	100,724,345.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	108,208,284.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	-7,483,939.
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	

**Section C. Collection Practices**

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

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

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



**Part V Facility Information** (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 letter of facility reporting group ST MARY MEDICAL CENTER. INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

**Community Health Needs Assessment**

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
3	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 12 . . . . . 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 significant 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)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
5	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	
6a	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	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
7	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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
a	If "Yes," (list url): <u>HTTP://WWW.COMHS.ORG/STMARY</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
c	If "Yes" to line 12b, 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 (FAP)**

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>COMHS.ORG/STMARY/CHARITY-CARE.ASP</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>COMHS.ORG/STMARY/CHARITY-CARE.ASP</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>COMHS.ORG/STMARY/CHARITY-CAR</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER. INC.

		Yes	No
<b>19</b>	Did the hospital facility or other authorized 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
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</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		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>23</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>24</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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 5 - 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 103 AND 104 OF OUR CHNA.

PART V, SECTION B, LINE 6A - 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 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 11 - CHNA SIGNIFICANT NEEDS IDENTIFIED

OUR HOSPITALS CHOSE FOUR PRIORITY AREAS: DIABETES, HEART DISEASE & STROKE, NUTRITIONAL & WEIGHT STATUS AND MATERNAL, INFANT & CHILD HEALTH.

ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION AND ACCESS TO MEDICAL SERVICES. KEY ISSUES OF CONCERNS AMONG OUR COMMUNITY INFORMANT INCLUDED ACCESS TO HEALTHCARE SERVICES, HEALTH EDUCATION AND PREVENTION, OBESITY AND SUBSTANCE ABUSE, AND AS SUCH ALIGN WITH THE FOCUS AREAS CHOSEN. IN TARGETING THESE FOUR AREAS FOR HEALTH IMPROVEMENT, THE HOSPITALS WILL SEEK TO:

- " ALIGN AND RE-ALIGN RESOURCES TO FOCUS ON THESE HEALTH ISSUES
- " DEVELOP PARTNERSHIPS AND COLLABORATIONS FOR OUTREACH SCREENING AND EDUCATION INITIATIVES AS WELL AS TO TARGET AT-RISK POPULATIONS
- " EXPAND BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR, OUR EMPLOYED PHYSICIANS GROUP
- " SEEK ADDITIONAL OPPORTUNITIES TO ACHIEVE OUR GOALS
- " LEVERAGE OUR RESOURCES TO PROVIDE SERVICES BY PARTNERING WITH OTHER COMMUNITY GROUPS AND SEEKING GRANT FUNDING

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

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

PART V, SECTION B, LINE 22D - 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.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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) 2014

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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 RELATING TO THE BIO-TERRORISM DEPARTMENT

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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 PRIMARY ACTIVITIES OF THE HOSPITAL IN THIS CATEGORY HAVE BEEN SPONSORSHIPS OF A NUMBER OF

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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 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

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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.

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

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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.

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)

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### 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 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:

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	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+, 2010-2014	88.5%	87.6%
BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2010-2014	15.8%	23.6%
MEDIAN HOUSEHOLD INCOME, 2010-2014	\$55,840	\$48,737
PERSONS IN POVERTY, PERCENT, 2010-2014	10.4%	15.2%

(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

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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. 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 OPENED A NEW \$40 MILLION SURGICAL PAVILION, FURTHERING OUR COMMITMENT TO PROVIDING THE

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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 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

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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. 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.

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

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AND PSYCHOLOGICAL HEALTH. THE GOAL IS TO IMPROVE THE MEDICAL  
COMPLICATIONS OF LIFE-THREATENING OBESITY.

BEAT THE HOLIDAY BLUES - PRESENTATION ON RECOGNIZING THE SIGNS AND  
SYMPTOMS OF DEPRESSION AND VARIOUS TREATMENT OPTIONS AND COPING  
MECHANISMS.

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  
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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.

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.

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.

**Part VI Supplemental Information**

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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.

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

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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.

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 PHYSICIANS MANNED A KIDS' BOOTH FOR ATTENDEES AND THEIR CHILDREN TO LEARN HEALTH SAFETY TIPS, AND HEALTHY CHILDHOOD NUTRITION.

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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.

HEALTHY KIDS DAY YMCAS - ST. MARY MEDICAL CENTER MANNED A BOOTH AND  
PROVIDED SUPPORT AND HEALTH EDUCATION INFORMATION FOR THE HEALTHY KIDS  
DAYS AT THE PORTAGE AND HOBART FAMILY YMCAS.

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  
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.

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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 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

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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.

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.

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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.

PACK-AWAY-HUNGER EVENT - ST. MARY MEDICAL CENTER RAISED FUNDS AND HELD A

"PACKING EVENT" FOR 8,000 "NUTRI-PLENTY" MEALS FOR DONATION TO THE HOBART

FOOD PANTRY AND NWI FOOD DEPOSITORY.

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, COLON CANCER, BREAST CANCER, LUNG CANCER,

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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.

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

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THEIR HEALTH.

PROJECT READY NWI SCHOOL COUNSELORS SYMPOSIUM - ST. MARY MEDICAL CENTER HOSTED A DAY-LONG SYMPOSIUM FOR NORTHWEST INDIANA FOR PROJECT READY NWI, WHICH PROMOTED THE VARIETY OF HOSPITAL-RELATED CAREERS THAT STUDENTS MIGHT CONSIDER, BEYOND TRADITIONAL DOCTOR/NURSE ROLES.

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.

SHOREWOOD HEALTH FAIR - ST. MARY MEDICAL CENTER 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.

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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. ALSO HELD "MELANOMA MONDAYS" SKIN CANCER SCREENING EVENTS DURING THE MONTH OF MAY.

SMOKING CESSATION: "I QUIT!"- THIS IS A BEHAVIOR MODIFICATION PROGRAM TO HELP INDIVIDUALS IN THEIR ATTEMPT TO QUIT SMOKING.

ST. PAUL CATHOLIC CHURCH HEALTH FAIR - HEALTH FAIR WITH EDUCATIONAL INFORMATION ON FREE SCREENINGS AND PROGRAMS TO PROMOTE HEALTHIER LIVING AT ST. PAUL CATHOLIC CHURCH IN VALPARAISO.

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

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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. ALSO OFFERED AT THE PORTAGE YMCA IN PORTAGE.

TALTREE ARBORETUM 10K - ST. MARY MEDICAL CENTER PARTNERED WITH TALTREE ARBORETUM'S 10K RACE, PROVIDING PARTICIPANTS WITH HEALTHY STRETCHING AND PHYSICAL THERAPY RECOMMENDATIONS FOR HEALTHY RUNNING/WALKING; AS WELL AS HEALTHY LIFESTYLE BOOTHS FEATURING NUTRITION, HEALTH SCREENINGS AND "ASK-THE-DOC" RESOURCES.

TALTREE "HEALTHY ROOTS" PROGRAM - ST. MARY MEDICAL CENTER AND TALTREE ARBORETUM ORGANIZED AND MANNED A SIX WEEK "HEALTHY FIELD TRIP" FOR ELEMENTARY SCHOOL STUDENTS ACROSS LAKE COUNTY. STUDENTS LEARNED ABOUT EXERCISE, HEALTHY EATING AND LIFESTYLES, AND LEARNING TO BE MORE ACTIVE OUTDOORS.

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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.

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.

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

7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA