

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on 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.**

Open to Public Inspection

Name of the organization SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. **Employer identification number** 35-0868157

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: | X | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | | |
| 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: | X | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | | |
| c 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. | | |
| 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? | | |
| 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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| Financial Assistance and Means-Tested Government Programs | | | | | | |
| a Financial Assistance at cost (from Worksheet 1) | 1 | 3,549 | 6,562,078. | | 6,562,078. | 2.10% |
| b Medicaid (from Worksheet 3, column a) | 3 | 34,509 | 61,957,699. | 45,588,640. | 16,369,059. | 5.24% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | 4 | 38,058 | 68,519,777. | 45,588,640. | 22,931,137. | 7.34% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 8 | 90,054 | 1,237,297. | 257,834. | 979,463. | .31% |
| f Health professions education (from Worksheet 5) | 3 | 268 | 4,731,154. | 3,048,314. | 1,682,840. | .54% |
| g Subsidized health services (from Worksheet 6) | 9 | 38,180 | 7,669,218. | 3,636,580. | 4,032,638. | 1.29% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | 7 | 1,800 | 747,268. | 14,352. | 732,916. | .23% |
| j Total. Other Benefits | 27 | 130,302 | 14,384,937. | 6,957,080. | 7,427,857. | 2.37% |
| k Total. Add lines 7d and 7j | 31 | 168,360 | 82,904,714. | 52,545,720. | 30,358,994. | 9.71% |

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 SJRMCSOUTH BEND CAMPUS

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

| | Yes | No |
|--|-----|----|
| Community Health Needs Assessment | | |
| 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 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| 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 type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</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 | |
| b 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? | X | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b <input type="checkbox"/> Other website (list url): | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" 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>14</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | X | |
| a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 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 SJRMCM-SOUTH BEND CAMPUS

| | Yes | No |
|--|-----|----|
| <p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <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>400</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p> | X | |
| 14 Explained the basis for calculating amounts charged to patients? | X | |
| 15 Explained the method for applying for financial assistance? | X | |
| <p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>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</p> <p>c <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</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> | | |
| 16 Was widely publicized within the community served by the hospital facility? | X | |
| <p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <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)</p> <p>f <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)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p> | | |

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group SJPMC-SOUTH BEND CAMPUS

| | Yes | No |
|---|-----|----|
| 17 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 nonpayment? | X | |
| 18 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(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 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? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 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): | | |
| a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | |
| b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications | | |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations | | |
| e <input type="checkbox"/> Other (describe in Section C) | | |
| f <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | |
|---|----|---|--|
| 21 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? | 21 | X | |
| If "No," indicate why: | | | |
| 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) | | | |

Part V Facility Information (continued)

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

Name of hospital facility or letter of facility reporting group SJPMC-SOUTH BEND CAMPUS

| | | Yes | No |
|-----------|---|-----------|----------|
| 22 | 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 checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | |
| b | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| c | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| d | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method | | |
| 23 | 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. | 23 | X |
| 24 | 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. | 24 | X |

Schedule H (Form 990) 2016

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SJRCM-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF SEPTEMBER THROUGH NOVEMBER OF 2014, COMMUNITY FOCUS GROUPS WERE USED TO GATHER INPUT FROM PEOPLE REPRESENTING THE COMMUNITY SERVED FOR THE RECENT CHNA. THE FOCUS GROUP PARTICIPANTS WERE ASKED A SERIES OF QUESTIONS ABOUT TOPICS CONSIDERED TO BE CRITICAL TO THE VARIOUS MEMBERS OF THE COMMUNITY. THE IMPORTANT ISSUES IDENTIFIED BY THE SURVEY TAKERS WERE: MENTAL HEALTH, TRANSPORTATION AND ACCESS.

EXAMPLES OF THE PARTICIPANTS INCLUDED: YOUNG PROFESSIONALS, SENIORS, CLINICS, BUSINESS LEADERS, EXPECTANT AND NEW MOTHERS, VETERANS, COLLEGE STUDENTS AND LATINO COMMUNITY LEADERS. THE FOCUS GROUPS WERE ASKED TO DISCUSS ISSUES THAT HAD BEEN IDENTIFIED AS IMPORTANT BY SAINT JOSEPH HEALTH SYSTEM.

COMMUNITY BENEFIT COUNCIL MET TO DISCUSS HOW TO IMPROVE THE THREE DEFINED AREAS. AFTER DISCUSSION, ACTION PLANS WERE DEVELOPED, APPROVED AND BUDGETED.

SJRCM-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS.

SJRCM-SOUTH BEND 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, 16j, 18e, 19e, 20e, 21c, 21d, 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 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING COLLABORATING ORGANIZATIONS: ST. JOSEPH COUNTY HEALTH DEPARTMENT, OAKLAWN, LA CASA DE AMISTAD, MHIN, SCHOOL CITY OF MISHAWAKA, PENN-HARRIS-MADISON SCHOOLS, TRANSPO, NOTRE DAME CENTER, ENFOCUS, UNITED WAY OF ST. JOSEPH COUNTY, DR. ANGIE'S DENTAL HEALTH EXCHANGE, NORTHERN INDIANA FOOD BANK, AND UNITY GARDENS.

SJPMC-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 7D: ALL FOCUS GROUP MEMBERS AND COMMUNITY BENEFIT COUNCIL MEMBERS RECEIVED A PRINTED OR E-MAILED COPY OF THE COMPLETE CHNA.

SJPMC-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 11: THERE IS A THREE-YEAR STRATEGIC PLAN TO ADDRESS THE THREE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA. IT IS OUR INTENTION TO ADDRESS ALL THREE NEEDS: MENTAL HEALTH, TRANSPORTATION AND PROVIDER ACCESS. THE VIRTUAL UNDER ONE ROOF CONCEPT WAS ESTABLISHED TO ADDRESS ALL THREE. MENTAL HEALTH ACTION PLANS INCLUDE SUPPORTING OAKLAWN MENTAL HEALTH AWARENESS WEEK, AS WELL AS PROMOTING SERVICES OFFERED AT THEIR FACILITIES. HEALTH AND WELLNESS EDUCATOR HOURS WERE INCREASED TO FULL TIME TO CONTINUE TO ADDRESS MULTIPLE CONCERNS FOR OUR LATINO COMMUNITY, INCLUDING MENTAL HEALTH. TRANSPORTATION ACTION PLANS INCLUDE PARTICIPATING IN LOCAL ALLIANCE AND SUBCOMMITTEE WHICH WILL ADDRESS TRANSPORTATION NEEDS FOR THE COUNTY. THE HOSPITAL COLLABORATES WITH HOPE MINISTRIES, TRANSPO AND OTHER AGENCIES TO ADDRESS TRANSPORTATION TO DOCTOR APPOINTMENTS. SAINT JOSEPH REGIONAL MEDICAL CENTER-SOUTH BEND 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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

(SJRMC-SOUTH BEND) ADDED TRANSP BUS ROUTES TO OUR WEBSITE TO SHOW THEIR RELATIONSHIP TO OUR PHYSICIAN NETWORK OFFICES, AND THEY WERE GIVEN EDUCATION AT HEALTH FAIRS. PROVIDER ACCESS ACTION PLANS INCLUDE PARTICIPATING IN LOCAL HEALTH ALLIANCE SUBCOMMITTEE ON DIABETES PREVENTION AND EDUCATION, STARTING DIABETES PREVENTION PROGRAM FOR LATINOS, EXPANDING WELLNESS INITIATIVE THIS COUNTS, SUPPORTING AND PROMOTING DR. ANGIE'S DENTAL HEALTH EXCHANGE PAY IT FORWARD DENTAL PROGRAM, AND EXPANDING FOOD BANK HEALTHY FOODS PROGRAM.

WHILE BUDGETS FOR SJRMC-SOUTH BEND HAVE BEEN APPROVED, FINANCIAL CONSTRAINTS MAY LIMIT SOME OF THE ACTIONABLE ITEMS FOR STRATEGIES. POVERTY AS A COMMUNITY NEED COULD NOT BE COMPLETELY ADDRESSED AS IT IS VAST. ALSO, DAY CARE, JOBLESSNESS AND HOMELESSNESS WERE MENTIONED AS NEEDS BUT NOT ADDRESSED. CREATION OF A COMMUNITY HUB WHERE MANY UNDERSERVED NEEDS COULD BE ADDRESSED AT ONCE DID NOT COME TO FRUITION AND IS THEREFORE AN UNMET NEED IN THE COMMUNITY. THE FOCUS WAS CHANGED TO HELP THE UNDERSERVED NAVIGATE COMMUNITY ASSISTANCE CENTERS.

SJRMC-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO
RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS
UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL
NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE
MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS
ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF
OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE
UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN
ABSENCE OF INFORMATION PROVIDED DIRECTLY BY THE PATIENT, AND AFTER EFFORTS
TO CONFIRM COVERAGE AVAILABILITY, THE PREDICTIVE MODEL PROVIDES A
SYSTEMATIC METHOD TO GRANT PRESUMPTIVE ELIGIBILITY TO FINANCIALLY NEEDY
PATIENTS.

SJPMC-SOUTH BEND CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE](http://www.sjmed.com/financial-assistance)

SJPMC-SOUTH BEND CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE](http://www.sjmed.com/financial-assistance)

PART V, SECTION B, LINE 7A:

[HTTP://WWW.SJMED.COM/ABOUT-US-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2015](http://www.sjmed.com/about-us-community-health-needs-assessment-2015)

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 10A:

[HTTP://WWW.SJMED.COM/ABOUT-US-COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2015](http://www.sjmed.com/about-us-community-health-needs-assessment-2015)

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:

IN ADDITION TO LOOKING AT A MULTIPLE OF THE FEDERAL POVERTY GUIDELINES, OTHER FACTORS ARE CONSIDERED SUCH AS THE PATIENT'S FINANCIAL STATUS AND/OR ABILITY TO PAY AS DETERMINED THROUGH THE ASSESSMENT PROCESS.

PART I, LINE 6A:

SJRMCSOUTH BEND PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF INDIANA. IN ADDITION, SJRMCSOUTH BEND REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH (EIN 35-1443425) IN ITS AUDITED FINANCIAL STATEMENTS, AVAILABLE AT WWW.TRINITYHEALTH.ORG.

IN ADDITION, SJRMCSOUTH BEND INCLUDES A COPY OF ITS MOST RECENTLY FILED SCHEDULE H ON BOTH ITS OWN WEBSITE AND TRINITY HEALTH'S WEBSITE.

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

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.
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- 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.

MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALCULATED AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, \$24,449,984, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

MOST OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS THAT SJRMC -SOUTH BEND SUPPORTS PROVIDE ASSISTANCE TO LOW-INCOME OR VULNERABLE POPULATIONS OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE POPULATIONS.

Part VI Supplemental Information

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- 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.

OVER THE COURSE OF THE PAST YEAR, KEY CONTRIBUTIONS BY SJRMC-SOUTH BEND INCLUDED:

PHYSICAL IMPROVEMENT - CONTRIBUTED TO:

- NORTHEAST NEIGHBORHOOD REVITALIZATION
- UNIVERSITY OF NOTRE DAME CENTER FOR ARTS AND CULTURE
- RIVERBEND CANCER SERVICES
- HABITAT FOR HUMANITY OF ST. JOSEPH COUNTY

ECONOMIC DEVELOPMENT - CONTRIBUTED TO:

- CHAMBER OF COMMERCE - ST. JOSEPH COUNTY
- MISHAWAKA BUSINESS ASSOCIATION

COMMUNITY SUPPORT DONATIONS TO:

- HOLY CROSS COLLEGE
- COMMUNITY FOUNDATION OF ST. JOSEPH COUNTY
- BIG BROTHERS BIG SISTERS SPONSORSHIP

Part VI Supplemental Information

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- 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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- ST. MARGARET'S HOUSE - SAFE DAY HOUSE FOR HOMELESS WOMEN AND CHILDREN
- HOPE MINISTRIES
- UNITED WAY OF ST. JOSEPH COUNTY
- LA CASA DE AMISTAD

LEADERSHIP DEVELOPMENT DONATIONS TO:

- HOLY CROSS COLLEGE
- SAINT MARY'S COLLEGE

WORKFORCE DEVELOPMENT DONATIONS TO:

- ST. VINCENT DE PAUL
- INDIANA UNIVERSITY SOUTH BEND (IUSB)

PART III, LINE 2:

METHODOLOGY USED FOR LINE 2 - ANY DISCOUNTS PROVIDED OR PAYMENTS MADE TO A PARTICULAR PATIENT ACCOUNT ARE APPLIED TO THAT PATIENT ACCOUNT PRIOR TO ANY BAD DEBT WRITE-OFF AND ARE THUS NOT INCLUDED IN BAD DEBT EXPENSE. AS A RESULT OF THE PAYMENT AND ADJUSTMENT ACTIVITY BEING POSTED TO BAD DEBT

Part VI Supplemental Information

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- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II 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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ACCOUNTS, WE ARE ABLE TO REPORT BAD DEBT EXPENSE NET OF THESE
TRANSACTIONS.

PART III, LINE 3:

SJRMCSOUTH BEND USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT
VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR
FINANCIAL ASSISTANCE: (1) SOCIO-ECONOMIC SCORE, (2) ESTIMATED FEDERAL
POVERTY LEVEL (FPL), AND (3) HOMEOWNERSHIP. BASED ON THE MODEL, CHARITY
CARE CAN STILL BE EXTENDED TO PATIENTS EVEN IF THEY HAVE NOT RESPONDED TO
FINANCIAL COUNSELING EFFORTS AND ALL OTHER FUNDING SOURCES HAVE BEEN
EXHAUSTED. FOR FINANCIAL STATEMENT PURPOSES, SJRMCSOUTH BEND IS
RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON
THE RESULTS OF THE PREDICTIVE MODEL. THEREFORE, SJRMCSOUTH BEND IS
REPORTING ZERO ON LINE 3, SINCE THEORETICALLY ANY POTENTIAL CHARITY CARE
SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

SJRMCSOUTH BEND IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF

Part VI Supplemental Information

Provide the following information.

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- 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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- 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.

TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 14 OF THOSE STATEMENTS: "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED AND UNDERINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES AND FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE."

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY

Part VI Supplemental Information

Provide the following information.

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THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

SJRMCSOUTH BEND DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CHA RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.

Part VI Supplemental Information

Provide the following information.

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- 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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- 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 III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

NEEDS ASSESSMENT - SJRMC-SOUTH BEND ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES AND GEOGRAPHICAL MAPS SHOWING AREAS

Part VI Supplemental Information

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OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED.

PART VI, LINE 3:

SJRMCSOUTH BEND IS COMMITTED TO:

-PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES

-CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
-ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE

-BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY

IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS,

SJRMCSOUTH BEND HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN

Part VI Supplemental Information

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HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

SJRMCSOUTH BEND COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES AND EXTERNAL PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS

Part VI Supplemental Information

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WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. FINANCIAL ASSISTANCE APPLICATIONS WILL BE ACCEPTED UNTIL ONE YEAR AFTER THE FIRST BILLING STATEMENT TO THE PATIENT.

SJRMCSOUTH BEND OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN

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NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.

SJRCM-SOUTH BEND HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SJRCM-SOUTH BEND MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER.

PART VI, LINE 4:

COMMUNITY INFORMATION - SJRCM-SOUTH BEND SERVES 901,167 PEOPLE IN A DIVERSE NINE-COUNTY SYSTEM MARKET IN INDIANA AND MICHIGAN AT TWO HOSPITAL CAMPUSES, ONE IN MISHAWAKA AND ONE IN PLYMOUTH. THE PRIMARY SERVICE AREA INCLUDES ST. JOSEPH, MARSHALL, AND ELKHART COUNTIES IN INDIANA, WHILE THE SECONDARY SERVICE AREA ENCOMPASSES FULTON, LAPORTE, PULASKI AND STARKE

Part VI Supplemental Information

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COUNTIES IN INDIANA, AND BERRIEN AND CASS COUNTIES IN MICHIGAN.

COUNTIES ARE GENERALLY SUBURBAN OR RURAL IN NATURE, WITH THE EXCEPTION OF URBAN CITY-CENTERS IN ELKHART AND SOUTH BEND, THE FOURTH LARGEST CITY IN INDIANA. THE REGION OFFERS DIVERSITY, A STABLE ECONOMY AND A FAMILY-FRIENDLY ENVIRONMENT, ALL WITHIN CLOSE PROXIMITY TO CHICAGO.

OUR REGION INCLUDES A VARIETY OF QUALITY EDUCATION OPPORTUNITIES, INCLUDING BOTH PUBLIC AND PRIVATE SCHOOLS FROM PRESCHOOL THROUGH HIGH SCHOOL. THOSE PURSUING A HIGHER LEVEL OF EDUCATION HAVE SEVERAL OPTIONS, INCLUDING THE UNIVERSITY OF NOTRE DAME, INDIANA UNIVERSITY AT SOUTH BEND, ST. MARY'S COLLEGE, HOLY CROSS COLLEGE, ANCILLA COLLEGE, BETHEL COLLEGE, INDIANA TECH, AND IVY TECH STATE COLLEGE.

OTHER COMMUNITY HOSPITALS IN THE PRIMARY SERVICE AREA INCLUDE MEMORIAL HOSPITAL OF SOUTH BEND, ELKHART GENERAL HOSPITAL, AND INDIANA UNIVERSITY GOSHEN TO THE EAST, IN ELKHART COUNTY. HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA INCLUDE INDIANA UNIVERSITY LAPORTE HOSPITAL AND SAINT ANTHONY

Part VI Supplemental Information

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MEMORIAL HOSPITAL TO THE WEST IN LAPORTE COUNTY, AND TO THE SOUTH,
WOODLAWN HOSPITAL IN ROCHESTER, INDIANA UNIVERSITY STARKE MEMORIAL IN
STARKE COUNTY, AND PULASKI MEMORIAL IN WINAMAC.

TOTAL POPULATION FOR THE SYSTEM SERVICE AREA IS EXPECTED TO GROW 1% FROM
2017 THROUGH 2022. COMPARED TO THE STATE OF INDIANA, THE SERVICE AREA HAS
A LOWER PROJECTED POPULATION GROWTH, A HIGHER MEDIAN AGE, AND A LOWER
MEDIAN HOME VALUE. TREND OF FEMALES OF CHILDBEARING AGE IN THE SYSTEM
SERVICE AREA ARE PROJECTED TO INCREASE LESS THAN 1%. HOWEVER, THE STATES
THAT BORDER NORTHERN INDIANA, OHIO, MICHIGAN AND ILLINOIS, ALL HAVE
DECLINING NUMBERS OF FEMALES OF CHILDBEARING AGE 15-44. THE POPULATION
AGED 65 AND OLDER REPRESENTS 16.5% OF THE TOTAL POPULATION AND IS EXPECTED
TO INCREASE 13.3% OVER THE NEXT FIVE YEARS.

AVERAGE HOUSEHOLD INCOME FOR THE AREA IS \$65,643; THIS REFLECTS A
SUBSTANTIAL INCREASE FROM PRIOR YEARS. MEDIAN HOUSEHOLD INCOME OF \$50,386
IS BELOW THE RATE FOR THE STATES OF INDIANA, ILLINOIS, MICHIGAN AND OHIO,
AS WELL AS THE U.S. TWENTY-THREE PERCENT OF THE POPULATION IN THE SYSTEM

Part VI Supplemental Information

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SERVICE AREA EARNS AN ANNUAL SALARY \$25,000 OR BELOW.

THE AUGUST 2017 UNEMPLOYMENT RATE IN THE SOUTH BEND/MISHAWAKA MSA WAS 4.2%, THE ELKHART/GOSHEN MSA WAS 3.0%, AND MARSHALL COUNTY WAS 3.6%. THE SOUTH BEND/MISHAWAKA MSA EXCEEDS THE INDIANA STATE WIDE RATE OF 4.0% BUT IS BELOW THE NATIONAL RATE OF 4.5%.

AN ESTIMATE OF THE UNINSURED IN THE SYSTEM SERVICE AREA RANGES FROM 16.2% IN ELKHART COUNTY, IN, TO 13.8% IN FULTON COUNTY, IN. THIS IS COMPARED TO AN INDIANA RATE OF 11.3%. [U.S. CENSUS BUREAU/SMALL AREA HEALTH INSURANCE (SAHIE) PROGRAM/MARCH 2015]

THE TARGETED SERVICE AREA INCLUDES SEVERAL MEDICALLY UNDERSERVED AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP). IN INDIANA, THESE INCLUDE PORTIONS OF ELKHART COUNTY, LAPORTE COUNTY, AND ST. JOSEPH COUNTY. IN MICHIGAN, THEY INCLUDE PORTIONS OF BERRIEN COUNTY, CASS COUNTY, AND ST. JOSEPH COUNTY.

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THERE ARE ALSO THREE CRITICAL ACCESS HOSPITALS (CAH) - COMMUNITY HOSPITAL OF BREMEN, PULASKI MEMORIAL HOSPITAL, AND WOODLAWN HOSPITAL, AT WHICH PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY CARE SERVICES.

IN THE STATE OF INDIANA, ACCORDING TO THE U.S. CENSUS BUREAU'S SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE), IN 2013 15.5% OF FAMILIES LIVED IN POVERTY. THE STATE OF MICHIGAN'S PERCENTAGE WAS HIGHER, AT 17.4%. SJRMC-SOUTH BEND SERVES A LARGE MEDICAID POPULATION ACROSS MANY DELIVERY SITES, MOST OF WHICH ARE LOCATED IN ST. JOSEPH COUNTY. [U.S. CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE) PROGRAM, DECEMBER 2013]

THE INPATIENT MEDICAID POPULATION SERVED BY SJRMC-SOUTH BEND EQUALS 13% OF THE HOSPITAL'S TOTAL OVERALL INPATIENT POPULATION. WHEN SPECIFIC SERVICES LIKE OBSTETRICS AND NEONATOLOGY ARE CONSIDERED, THE PERCENTAGE INCREASES TO 45-60% OF THE TOTAL DISCHARGES FOR THE RESPECTIVE SERVICE LINE.

AS IN MOST MIDWESTERN COMMUNITIES, THE SERVICE AREA POPULATION IS LARGELY

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MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT. HOWEVER, THE REGION OF NORTHERN INDIANA AND SOUTHWESTERN MICHIGAN HAS SEEN AN INCREASE IN THE HISPANIC POPULATION OVER THE PAST TEN YEARS. THE REPRESENTATION OF HISPANIC POPULATION IN THIS AREA IS 9% AS COMPARED TO 18% NATIONWIDE; HOWEVER, THIS IS LIKELY TO BE UNDERSTATED.

ALL COUNTIES IN THE REGION HAVE HIGHER SMOKING RATES, A SIGNIFICANTLY HIGHER ADULT OBESITY RATE, AND HIGHER ALCOHOL CONSUMPTION THAN THE U.S. BENCHMARK. UNFORTUNATELY, WITH FEW EXCEPTIONS, THE DEATH RATES FROM CHRONIC CONDITIONS SUCH AS HEART DISEASE, CANCER, STROKE AND DIABETES IN THE SERVICE AREA ARE HIGHER THAN THE STATES OF INDIANA OR MICHIGAN. THE POPULATION HAS A LOWER INCOME AND IS LESS EDUCATED, ON AVERAGE, THAN THE NATION, THE STATE OF INDIANA OR MICHIGAN. INDIANA RANKS EIGHTH LOWEST IN HIGHER EDUCATION LEVELS IN THE U.S. THIS EQUATES WITH A HIGHER PERCENTAGE OF CHILDREN IN POVERTY AND A LOWER HOUSEHOLD INCOME THAN STATE AVERAGES IN MOST OF THE SERVICE AREA.

PART VI, LINE 5:

632100 11-02-16

Part VI Supplemental Information

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OTHER INFORMATION - SJRMC-SOUTH BEND EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS. BY DOING SO, IT IS ABLE TO ENSURE THAT HIGH QUALITY AND EASILY ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SPECIALTY CARE AREAS.

SJRMC-SOUTH BEND PRIDES ITSELF ON HAVING A NEW, STATE-OF-THE-ART MEDICAL CENTER THAT UTILIZES THE LATEST TECHNOLOGY, ELECTRONIC MEDICAL RECORDS, FULLY INTEGRATED MEDICAL TEAMS AND HIGHLY TRAINED STAFF TO PROVIDE CARE THAT IS SECOND TO NONE. RESIDENCY PROGRAMS IN FAMILY PRACTICE, PODIATRY, AND PHARMACY, AS WELL AS CLINICAL EDUCATION FOR NURSES AND ANCILLARY STAFF, PROVIDE ONGOING EDUCATION AND A "LABORATORY FOR LEARNING." SEVERAL NURSING SCHOOLS UTILIZE SJRMC-SOUTH BEND FOR THE CLINICAL COMPONENT OF THEIR NURSING EDUCATION. PARTICIPATING IN BOTH AN INTERNAL AND EXTERNAL "INTERNAL REVIEW BOARD", SJRMC-SOUTH BEND KEEPS PACE WITH THE EVER-GROWING COMPLEXITY OF HEALTH CARE AND PROVIDES LEADERSHIP IN AREAS SPECIFIC TO THE NEEDS OF ITS PATIENTS.

WHILE NOT CONSIDERED "THE" TRAUMA CENTER FOR THE AREAS IT SERVES,

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SJRCM-SOUTH BEND DOES HAVE AN EXCELLENT GROUP OF EMERGENCY DEPARTMENT PHYSICIANS AND STAFF TRAINED IN TREATING PERSONS SUFFERING FROM EMERGENCY AND NON-EMERGENCY CONDITIONS. SERVING ALL PEOPLE REGARDLESS OF ETHNICITY, GENDER, RELIGION, ABILITY TO PAY, ETC., THE EMERGENCY DEPARTMENT HAS OVER 30 TREATMENT ROOMS AS WELL AS TRAUMA ROOMS AND HIGH-INTENSITY TREATMENT ROOMS.

SJRCM-SOUTH BEND, AS A PART OF SMOKE FREE SOUTH BEND COALITION, WAS INSTRUMENTAL IN GETTING THE CITY OF SOUTH BEND TO PASS THE MOST COMPREHENSIVE CLEAN AIR ORDINANCE IN INDIANA EFFECTIVE JANUARY 1, 2017.

SJRCM-SOUTH BEND IS ALSO ACTIVELY PURSUING "BABY-FRIENDLY STATUS". BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

SJRCM-SOUTH BEND PARTICIPATES IN MEDICARE, MEDICAID, CHAMPUS/TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND OFFERS CHARITY CARE

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AND CARE ON A SLIDING FEE SCALE. IN KEEPING WITH ITS MISSION STATEMENT AND VALUES, SJRMC-SOUTH BEND ASSURES UNINSURED PATIENTS THAT THEY RECEIVE THE SAME HIGH QUALITY MEDICAL CARE AS THOSE WHO HAVE THE ABILITY TO PAY.

FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO ARE ELIGIBLE TO RECEIVE IT. POLICIES GOVERNING SUCH ASSISTANCE ARE READILY AVAILABLE FOR STAFF AND PATIENTS ALIKE. SJRMC-SOUTH BEND SPONSORS A HEALTH CENTER THAT PROVIDES CARE TO ALL INSURED, UNDER-INSURED, AND UNINSURED PATIENTS. IT ALSO FULLY SUBSIDIZES A HEALTH CENTER SPECIFICALLY FOR THE UNINSURED. STAFFED BY DOCTORS WHO VOLUNTEER THEIR TIME AND SKILLS, THIS HEALTH CENTER SERVES A HIGHLY DIVERSE POPULATION AND OFFERS SPECIALIZED CLINICS IN CHRONIC DISEASE MANAGEMENT, COUMADIN CARE, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE. A NEW MOBILE MEDICAL UNIT PROVIDES 3D MAMMOGRAPHY IN OUTLYING AREAS WHERE SERVICES ARE DIFFICULT TO OBTAIN.

ADVOCACY FOR VARIOUS HEALTH-RELATED ISSUES IS AT THE FOREFRONT AT SJRMC-SOUTH BEND, INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING THE HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS,

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AND OBTAINING AFFORDABLE PHARMACEUTICALS. SJRMC-SOUTH BEND CONTINUES TO BE THE LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, SUCH AS PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS AND SCHOOL HEALTH NURSES.

VOLUNTEERS WITHIN THE SJRMC-SOUTH BEND HOSPITAL TESTIFY TO THE REPUTATION AND IMPACT OF THE HOSPITAL. WOMEN, MEN, AND YOUTH BELIEVE IN THE MISSION OF THE HOSPITAL AND ATTEST TO IT BY PROVIDING HUNDREDS OF HOURS OF SERVICE EACH YEAR. VOLUNTEERS WITH SPECIAL NEEDS ARE ALSO WELCOME TO SERVE THE HOSPITAL, ITS PHYSICIANS, STAFF AND THE PUBLIC.

AS A FAITH-BASED HEALTH INSTITUTION, SJRMC-SOUTH BEND OFFERS PATIENTS, THEIR FAMILIES, AND THE BROADER COMMUNITY THE OPPORTUNITY TO ADDRESS THE SPIRITUAL NEEDS THAT ARISE AS ONE EXPERIENCES ILLNESS, CHRONIC HEALTH CONDITIONS, OR THE DYING PROCESS. THIS EXPERIENCE OF FAITH, THE PRESENCE OF CHRISTIAN, JEWISH AND MUSLIM PRAYER/REFLECTION ROOMS, AND FULL-TIME CERTIFIED CHAPLAINS AFFORD EVERYONE WITH THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE IS ADDRESSED.

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SJRMCSOUTH BEND HAS A NUMBER OF CRITICAL OUTREACH PROGRAMS THAT FURTHER ASSIST IN THE ENHANCEMENT OF THE HEALTH STATUS OF THE POPULATIONS IT SERVES. THROUGH THE GENEROSITY OF BENEFACTORS AND THE SAINT JOSEPH FOUNDATION, SJRMCSOUTH BEND PARTICIPATES IN MANY OUTREACH COMMUNITY PROGRAMS AND SERVICES:

THE HOSPITAL PARTICIPATES IN COMMUNITY HEALTH AND WELL-BEING PROGRAMS FOCUSING ON: CHRONIC DISEASE, NUTRITION, EXERCISE, SMOKING CESSATION, HEALTH FAIRS, SENIORS, PRE-NATAL SERVICES, AND COLLABORATES WITH OTHER AREA HEALTH CARE PROVIDERS TO ASSIST AND CARE FOR THE UNDERSERVED POPULATION.

SJRMCSOUTH BEND PROVIDED IN-KIND DONATIONS TO MANY AGENCIES, INCLUDING MEDICAL SUPPLIES AND DRUGS TO MISSION TRIPS, LUNCHESES TO HOPE MINISTRIES, AND PRINTING SERVICES FOR LOCAL NON-PROFIT AGENCIES.

SJRMCSOUTH BEND MADE SIGNIFICANT CONTRIBUTIONS TO THE DIOCESE OF FORT

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WAYNE/SOUTH BEND, CENTER FOR THE HOMELESS, UNITED WAY, AMERICAN HEART ASSOCIATION, UNIVERSITY OF NOTRE DAME HARPER CANCER RESEARCH, LOGAN INC. (CENTER FOR PEOPLE WITH DISABILITIES), WOMEN'S CARE CENTER, MARCH OF DIMES, RIVERBEND CANCER SERVICES, HANNAH'S HOUSE (HOME FOR PREGNANT WOMEN), AND THE IU SCHOOL OF MEDICINE.

PART VI, LINE 6:

SJRMC-SOUTH BEND IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2017, GOALS INCLUDED 1) PARTICIPATING IN LOCAL COALITION AND ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, 2) ASSESSING CAPACITY TO IDENTIFY AND SUPPORT INDIVIDUALS THAT ARE HOUSING INSECURE AND ACKNOWLEDGING OTHER BARRIERS INDIVIDUALS HAVE ACCESSING HEALTH CARE AND 3) EXPANDING ACCESS AND DELIVERY OF DIABETES PREVENTION PROGRAMS.

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS

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ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED COMMUNITIES FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED NEEDS AND THAT WILL REDUCE CHILDHOOD OBESITY AND YOUTH TOBACCO USE. IN FISCAL YEAR 2017, TRINITY HEALTH INVESTED \$2.7 MILLION IN TCI.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND DEVELOPING PROGRAMS AND POLICIES TO SPECIFICALLY SUPPORT VULNERABLE POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS OVER \$1.1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE

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SPECIFIC NEEDS OF EACH COMMUNITY.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN