

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2016

Open to Public Inspection

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.**

Name of the organization

ST. MARY MEDICAL CENTER, INC.

Employer identification number

35-2007327

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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
a Financial Assistance at cost (from Worksheet 1)		688	1,719,518.		1,719,518.	.73
b Medicaid (from Worksheet 3, column a)		29563	41,764,470.	28,419,551.	13,344,919.	5.66
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		30251	43,483,988.	28,419,551.	15,064,437.	6.39
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	212	8787	449,718.	1,865.	447,853.	.19
f Health professions education (from Worksheet 5)	82	469	1,177,130.		1,177,130.	.50
g Subsidized health services (from Worksheet 6)	1	5	45,567.	20,303.	25,264.	.01
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	46		52,969.		52,969.	.02
j Total. Other Benefits	341	9261	1,725,384.	22,168.	1,703,216.	.72
k Total. Add lines 7d and 7j.	341	39512	45,209,372.	28,441,719.	16,767,653.	7.11

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

Schedule H (Form 990) 2016

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		10,730.		10,730.	
4 Environmental improvements						
5 Leadership development and training for community members	8	2092	7,833.		7,833.	
6 Coalition building	11	1398	9,128.		9,128.	
7 Community health improvement advocacy	19	5310	28,704.		28,704.	.01
8 Workforce development						
9 Other						
10 Total	39	8800	56,395.		56,395.	.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,443,043.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	14,430.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	103,235,317.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	122,318,412.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-19,083,095.
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?	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
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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"/> 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>16</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? 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>HTTPS://WWW.COMHS.ORG/</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 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>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V DISCLOSURE</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 ST MARY MEDICAL CENTER, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	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	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	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	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
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		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.COMHS.ORG/</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V DISCLOSURE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
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)		
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)		
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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
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		
j	<input type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections****Name of hospital facility or letter of facility reporting group** ST MARY MEDICAL CENTER, INC.

		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? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
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

		Yes	No
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?	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)		

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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 ST MARY MEDICAL CENTER. INC.

		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

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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 5 - COMMUNITY STAKEHOLDERS

FOCUS GROUPS HELD AS PART OF THIS CHNA INCORPORATED INPUT FROM 64 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 PHYSICIANS, SOCIAL SERVICE PROVIDERS, OTHER HEALTH PROVIDERS, PUBLIC HEALTH REPRESENTATIVES, AND COMMUNITY / BUSINESS LEADERS. DETAILS CAN BE FOUND IN APPENDIX I 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, 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 - IMPLEMENTATION STRATEGY WEBSITE

THE IMPLEMENTATION STRATEGY IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

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

THE 2016 REPORT SHOWS SOME GAINS SINCE 2013 CHNA, WE CONTINUE TO STRIVE TO ACHIEVE THE GOALS IDENTIFIED IN THE HEALTHY PEOPLE 2020 INITIATIVES (HP 2020). FOR THAT REASON, OUR HOSPITAL WILL CONTINUE TO FOCUS ON THE FOLLOWING PRIORITY AREAS: DIABETES, HEART DISEASE & STROKE, NUTRITION & WEIGHT STATUS AND MATERNAL, INFANT & CHILD HEALTH AND CANCER. ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION AND ACCESS TO MEDICAL SERVICES. KEY ISSUES OF CONCERNS ACCORDING TO AREA RESIDENTS AND KEY COMMUNITY INFORMANTS DIFFERED SIGNIFICANTLY FROM THE 2013 SURVEY IN CERTAIN CRITICAL AREAS. ACCESS TO CARE WAS AN ISSUE THAT HAD BEEN DOMINANT THREE YEARS AGO. SINCE 2013, ST. MARY MEDICAL CENTER HAS ESTABLISHED A HEALTH CLINIC LOCATED WITHIN HOBART HIGH SCHOOL THAT SERVES TO PROVIDE PRIMARY HEALTH CARE NEEDS FOR THE ENTIRE HOBART COMMUNITY. IN 2016, KEY LEADERS THAT WERE INTERVIEWED ARE NOW FOCUSED ON SUBSTANCE ABUSE. OTHER AREAS OF CONCERN INCLUDE DIABETES, OBESITY, HEART DISEASE, HEALTH EDUCATION AND PREVENTION. THESE AREAS ALIGN WITH THE FOCUS AREAS CHOSEN. IN TARGETING THESE AREAS FOR HEALTH IMPROVEMENT, THE HOSPITALS WILL SEEK TO:

- " ALIGN AND ENHANCE RESOURCES TO FOCUS ON THESE HEALTH ISSUES
- " DEVELOP PARTNERSHIPS AND COLLABORATIONS FOR OUTREACH SCREENING AND EDUCATION INITIATIVES AND TO TARGET AT-RISK POPULATIONS

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.

" EXPAND BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR, OUR EMPLOYED AND COMMUNITY HEALTHCARE PARTNER (CHP) PHYSICIANS

" SEEK ADDITIONAL OPPORTUNITIES TO ACHIEVE OUR GOALS

" LEVERAGE OUR RESOURCES TO PROVIDE SERVICES BY PARTNERING WITH OTHER COMMUNITY GROUPS AND SEEK GRANT FUNDING

THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM IDENTIFIED SOME AREAS OF CONCERN NOT IDENTIFIED IN OUR HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE:
ST. MARY MEDICAL CENTER SERVICE AREA/CHNA IDENTIFIED AREAS OF OPPORTUNITY:

" ACCESS TO HEALTH SERVICES
" CHRONIC KIDNEY DISEASE
" INJURY & VIOLENCE PREVENTION
" MENTAL HEALTH & MENTAL DISORDERS
" SUBSTANCE ABUSE

MANY OF THESE AREAS ARE BEING ADDRESSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, COMMUNITY HEALTHCARE SYSTEM SUPPORTS A LARGE CANCER PROGRAM WITH A SEPARATE RESEARCH FOUNDATION FOCUSED ON IMPROVING ACCESS TO CLINICAL TRIALS FOR AREA RESIDENTS AS WELL AS PROVIDING FREE SUPPORT AND MIND-BODY SERVICES THROUGH ITS CANCER RESOURCE CENTRE. ALL HOSPITALS ARE VERY

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.

ACTIVE IN PROVIDING ROUTINE, LOW-COST AND FREE SCREENING PROGRAMS FOR A VARIETY OF CANCERS - INCLUDING COLON, BREAST, AND LUNG CANCERS. THERE IS FOCUSED ATTENTION ON MENTAL HEALTH, AND GROWING AWARENESS TO ADDRESS MENTAL ILLNESS, TRAUMA AND STRESS. ALL OF OUR COMMUNITY HEALTHCARE SYSTEM HOSPITALS UTILIZE THE BEHAVIORAL HEALTH PROGRAM AT ST. CATHERINE HOSPITAL WHICH RECENTLY ADDED AN OLDER ADULT BEHAVIORAL HEALTH SERVICES UNIT TO ITS ADULT BHS UNIT, AND ALSO OPENED AN OUTPATIENT TREATMENT CENTER IN PORTAGE AND ST. JOHN.

AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOUR FOCUS 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 FOUR OF THE MOST SERIOUS HEALTH CONDITIONS AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY. WE ARE ENCOURAGED BY THE IMPROVEMENTS DOCUMENTED IN HEART AND STROKE RELATED ISSUES AS WELL AS DIABETES. WE WILL CONTINUE TO STRATEGIZE AND CREATE A VARIETY OF MEANS TO ADDRESS NUTRITION/OBESITY AND INFANT AND MATERNAL HEALTH, SPECIFICALLY TARGETING THOSE RESIDENTS AT HIGHEST RISK FOR THESE ISSUES.

THIS PLAN IS A 'LIVING DOCUMENT' THAT IS FLEXIBLE AND ADAPTABLE AS THESE AREAS OF CONCERN IMPROVE OR DECLINE. WE MAINTAIN A NIMBLE APPROACH TO SUPPORT THE NEEDS OF THE COMMUNITY AS PRIORITIES CHANGE. WE WILL CONTINUE TO TRACK ACTIVITIES RELATED TO OUR COMMUNITY INITIATIVES AND REPORT ON OUR EFFORTS ON AN ONGOING BASIS.

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 16B - FAP APPLICATION FORM WEBSITE

THE FAP APPLICATION FORM IS AVAILABLE AT THIS WEBSITE ADDRESS (URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG](https://www.comhs.org/about-us/patient-resources/financial-assistance-prog)

RAM

PART V, SECTION B, LINE 16C - FAP PLAIN LANGUAGE SUMMARY WEBSITE

THE FAP PLAIN LANGUAGE SUMMARY IS AVAILABLE AT THIS WEBSITE ADDRESS

(URL) -

[HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROG](https://www.comhs.org/about-us/patient-resources/financial-assistance-prog)

RAM

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

Schedule H (Form 990) 2016

Part VI Supplemental Information

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

IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY,
INSURANCE STATUS AND UNDERINSURANCE STATUS WERE USED IN DETERMINING
ELIGIBILITY FOR FREE OR DISCOUNTED CARE.

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

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TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT

ENTITIES." EXPENSES AND REVENUES RELATING TO THE BIO-TERRORISM DEPARTMENT

OF THE HOSPITAL HAVE BEEN INCLUDED IN THIS CATEGORY.

LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS (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 THE SUPPORT OF COMMUNITY PROGRAMS THAT
FOSTER LEADERSHIP AND NETWORKING IN BUSINESS.

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

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PUBLIC HEALTH ACCESS TO HEALTH CARE SERVICES." THE PRIMARY ACTIVITIES OF
THE HOSPITAL IN THIS CATEGORY HAVE BEEN SPONSORSHIPS OF A NUMBER OF
COMMUNITY HEALTH FAIRS.

PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT AT COST:
THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST
REPORT IS USED TO ESTIMATE BAD DEBT AT COST.

PART III, LINE 3 - BAD DEBT EXPENSE ATTRIBUTABLE TO FAP ELIGIBLE PATIENTS:
WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS
ELIGIBLE FOR FINANCIAL ASSISTANCE.

PART III, LINE 4 - BAD DEBT EXPENSE FOOTNOTE FROM AUDIT:
PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS
REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE
REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD
DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED
NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE

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

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,

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QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM.

PART III, LINE 9B - COLLECTION PRACTICES FOR QUALIFYING FA PATIENTS:
COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.

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 2016 AND IS AVAILABLE ON THE FOLLOWING WEBSITE:

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[HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.comhs.org/about-us/community-health-needs-assessment)

IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, ST. MARY MEDICAL CENTER CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.

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

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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:

	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+, 2012-2016	88.9%	87.0%

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BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2012-2016	20.6%	30.3%
MEDIAN HOUSEHOLD INCOME, 2012-2016	\$59,424	\$55,322
PERSONS IN POVERTY, PERCENT, 2012-2016	10.5%	12.7%

(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

ST. MARY MEDICAL CENTER IS A LEADING PROVIDER OF EXPERT MEDICAL CARE TO NORTHWEST INDIANA RESIDENTS BY INVESTING IN NEW TECHNOLOGIES AND INNOVATIVE TREATMENTS. THE HOSPITAL ALSO UTILIZES MULTIDISCIPLINARY TEAMS OF HEALTH PROFESSIONALS AND SHARED GOVERNANCE AMONG THE NURSING STAFF FOR INCREASED COLLABORATION AND ACCOUNTABILITY IN PATIENT CARE. THESE EFFORTS HAVE LED TO THE ACHIEVEMENT OF NUMEROUS QUALITY AWARDS AND ACCREDITATIONS, RECOGNIZING ST. MARY MEDICAL CENTER'S CONSISTENT EXCELLENCE IN HEALTH OUTCOMES AND PATIENT EXPERIENCE.

SOME OF THE HOSPITAL'S ACHIEVEMENTS INCLUDE:

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A \$40 MILLION DOLLAR SURGICAL PAVILION AND ICU EXPANSION WITH TWO
SHELLED-IN FLOORS FOR FUTURE PATIENT ROOMS

ACQUISITION OF THE TRUEBEAM SYSTEM - A GROUNDBREAKING IMAGE-GUIDED
RADIOTHERAPY SYSTEM THAT IS PART OF OUR NATIONALLY-ACCREDITED CANCER CARE
PROGRAM

AWARD WINNING JOINT ACADEMY - ORTHOPEDIC SURGERY PROGRAM BOASTING SOME OF
THE BEST OUTCOMES IN THE NATION

HIGH RISK BREAST CLINIC - INDIVIDUALIZED TREATMENT FOR WOMEN AT ELEVATED
RISK FOR BREAST CANCER

COMMITMENT TO COMMUNITY OUTREACH THROUGH PARTNERSHIPS WITH LOCAL YMCAS,
THE BRICKIE CLINIC, AND ATHLETIC TRAINING PROGRAMS

ANTICOAGULATION CLINIC - MANAGEMENT FOR PATIENTS TAKING MEDICATIONS TO

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PREVENT OR TREAT BLOOD CLOTS

LETTER FROM THE CEO

ST. MARY MEDICAL CENTER IS COMMITTED TO MEETING THE NEEDS OF OUR GROWING POPULATION IN LAKE AND PORTER COUNTIES. OUR GOAL IS TO PROVIDE COMPASSIONATE CARE WITH THE FINEST TECHNOLOGY AND SERVICES AVAILABLE TODAY.

OUR HOSPITAL INCORPORATES ADVANCED CONCEPTS OF CARE AND SAFETY INTO A BRAND NEW 113,000 SQUARE FOOT SURGICAL PAVILION AND ICU, AS WELL AS A MODERN, SIX-STORY PATIENT TOWER THAT FEATURES COMFORTABLE, PRIVATE PATIENT ROOMS AND THE LATEST TECHNOLOGY. WITH 203 TOTAL BEDS (INCLUDING OUR ACUTE REHABILITATION CENTER) AND MORE THAN 500 PHYSICIANS ON STAFF, ST. MARY MEDICAL CENTER ALSO EMBRACES DIVERSE METHODS OF PATIENT CARE. PHYSICIANS FORGE NEW GROUND IN HEART CARE, NEUROSURGICAL AND ORTHOPEDIC SURGERY. OUR LEVEL II NURSERY IS STAFFED AND EQUIPPED TO CARE FOR INFANTS

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BORN PREMATURELY, AND NEW MOTHERS ARE GUIDED THROUGH BIRTH WITH INNOVATIVE OPTIONS SUCH AS WATER BIRTHING, CERTIFIED LACTATION CONSULTANTS AND A MIDWIFE-FRIENDLY ENVIRONMENT. OUR AWARD-WINNING JOINT ACADEMY TAKES A UNIQUE TEAM APPROACH TO JOINT REPLACEMENT SURGERY, OFFERING PATIENTS EXTENSIVE EDUCATION, COACHING AND SUPPORT FROM THE PRE-OPERATIVE THROUGH POST-OPERATIVE PHASES OF CARE AND REHABILITATION.

RECENTLY, WE EXPANDED OUR SERVICES IN PORTER COUNTY AND WITH OUR NEW VALPARAISO HEALTH CENTER. THE 55,000 SQUARE FOOT OUTPATIENT CENTER, SERVES AS A ONE-STOP-SHOP FOR PATIENTS SEEKING IMMEDIATE CARE, ADVANCED DIAGNOSTIC IMAGING AND LAB SERVICES AS WELL AS 3D MAMMOGRAPHY WITH SAME-DAY-RESULTS, PHYSICAL THERAPY OR EXPERT, COMPASSIONATE MEDICAL CARE FROM ANY ONE OF OUR PRIMARY CARE OR PHYSICIAN SPECIALISTS ON STAFF THERE. OUR PORTAGE HEALTH CENTERS I & II ALSO BRING MANY OF THESE SERVICES TO OUR FAMILIES IN PORTAGE. THESE OUTPATIENT CENTERS ARE AN EXTENSION OF OUR HOSPITAL'S HIGH QUALITY, PATIENT-CENTERED MEDICAL SERVICES, AND AN IMPORTANT LINK IN OUR ABILITY TO HELP BUILD HEALTHIER COMMUNITIES THROUGHOUT NORTHWEST INDIANA.

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FINALLY, AS PART OF THE COMMUNITY HEALTHCARE SYSTEM, ST. MARY MEDICAL CENTER IS ONE OF THE PREMIER PROVIDERS OF CARE IN NORTHWEST INDIANA AND CHICAGOLAND. RECENTLY, OUR SYSTEM WAS RECOGNIZED BY HEALTHGRADES® FOR OUTSTANDING PATIENT EXPERIENCE AT ALL THREE HOSPITALS. THANKS TO INNOVATIVE APPROACHES TO CARE, INVESTMENTS IN NEW TECHNOLOGY AND THE VALIDATION OF SCIENTIFIC PROCESSES, OUR HOSPITALS PROVIDE QUALITY COMPASSIONATE CARE THAT BUILDS HEALTHIER LIVES AND HEALTHIER COMMUNITIES. TOGETHER, WITH OUR COMMUNITY HEALTHCARE SYSTEM PARTNERS, WE HAVE FORGED A REPUTATION BUILT THROUGH INNOVATION THAT INSPIRES PEOPLE TO DO THE EXTRAORDINARY EVERY DAY.

HOSPITAL HISTORY

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

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GARY IN 1913. THE SISTERS CONTINUE THEIR MISSION HERE TODAY, AT ST. MARY MEDICAL CENTER AND THROUGHOUT LAKE COUNTY.

IN 2001, ST. MARY MEDICAL CENTER BECAME PART OF COMMUNITY HEALTHCARE SYSTEM, COMPRISED OF ST. MARY MEDICAL CENTER IN HOBART, ST. CATHERINE HOSPITAL IN EAST CHICAGO, AND COMMUNITY HOSPITAL IN MUNSTER. ST. MARY MEDICAL CENTER 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.

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IN 2015, ST. MARY MEDICAL CENTER USHERED IN A NEW ERA OF SURGICAL CARE WITH THE OPENING OF A \$40 MILLION FOUR-STORY SURGICAL PAVILION AND ICU, ADDING NEW SURGICAL SUITES AND INTENSIVE CARE UNIT, ALONG WITH A NEW CENTRAL STERILIZATION DEPARTMENT, POST-ANESTHESIA CARE UNIT, PHASE II RECOVERY UNIT AND SAME-DAY SURGERY. THE SAME YEAR ALSO SAW THE ACQUISITION OF THE TRUEBEAM SYSTEM - AN INNOVATIVE CANCER TREATMENT TECHNOLOGY - AND THE OPENING OF THE NEWLY EXPANDED PORTAGE HEALTH CENTERS I AND II.

THE TOP TWO FLOORS OF THE SURGICAL PAVILION ARE IN THE PROCESS OF BEING FINISHED TO MEET GROWING HEALTHCARE NEEDS, AS PART OF OUR COMMITMENT TO PROVIDING THE HIGHEST QUALITY CARE WITH THE MOST ADVANCED TECHNOLOGIES, TO PROVIDE PATIENTS OF NORTHWEST INDIANA THE FINEST HEALTH CARE AVAILABLE TODAY.

MISSION, VISION AND VALUES

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MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED.

VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED ACROSS THREE HOSPITAL CAMPUSES. IT LINKS THREE INDIANA HOSPITALS - COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO; AND ST. MARY MEDICAL CENTER IN HOBART - AND MANY OUTPATIENT CLINICS AND PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY, AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND EMPLOYEES.

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VALUES :

DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND
DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE.

COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE
AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING
EXPECTATIONS.

COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY
WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND
HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL
SERVICES, EDUCATION AND PREVENTION.

QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO,
WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS
EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.

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STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE
HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS
OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL
ASSETS.

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

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IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE
COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE
SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR
COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF
THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER
THEIR RISKS.

BELOW, WE HAVE LISTED CURRENT PROGRAMS TO MEET THOSE NEEDS:

ALZHEIMER'S SUPPORT GROUP
AMERICAN CANCER SOCIETY ROAD TO RECOVERY VOLUNTEER PROGRAM
BARIATRIC SEMINAR
BEAT THE HOLIDAY BLUES
BLOOD PROFILE SCREENING
BLOOD PRESSURE SCREENING
BMI/BODY FAT ANALYSIS
BREASTFEEDING CLASS
CANCER SURVIVORS DAY

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CANCER SURVIVORSHIP SYMPOSIUM

CARDIOPULMONARY REHAB BREATHLESS SUPPORT GROUP

CHOICES IN CHILDBIRTH

CLINICAL EDUCATION FOR MINISTRY

COOKING DEMONSTRATIONS

CORONARY HEALTH APPRAISAL

COUMADIN CLASS

DIABETES CLASS

EXTRAORDINARY WOMEN'S SYMPOSIUM

HEALTH EDUCATION AND SEMINARS

HEALTHY KIDS DAY YMCAS

HEARTS OF HOPE

HOBART CHAMBER OF COMMERCE BUSINESS EXPO

HOPE NETWORK CANCER SUPPORT GROUP

LOOK GOOD-FEEL BETTER

MEDICAL STUDENT INTERNSHIPS

MENDEED HEARTS SUPPORT GROUP

MOVING FORWARD - STROKE EDUCATION

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NEW BEGINNINGS TRANSPLANT NETWORK

NUTRITION COUNSELING

PACK-AWAY-HUNGER EVENT

PAD SCREENINGS

PHYSICIAN PRESENTATIONS

PORTAGE COMMUNITY AND BUSINESS NIGHT

PORTER COUNTY CHAMBER COALITION NETWORK NIGHT

PORTAGE SENIOR HEALTH FAIR

PULMONARY FUNCTION SCREENINGS

FOOD DRIVE

SHINE A LIGHT ON LUNG CANCER SYMPOSIUM

SHOREWOOD HEALTH FAIR

SKIN CANCER SCREENINGS

SMOKING CESSATION: FREEDOM FROM SMOKING

ST. PAUL CATHOLIC CHURCH HEALTH FAIR

STROKE CLASS

SHARE YOUR GRIEF SUPPORT

STROKE SYMPOSIUM

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WEIGHT NO MORE SUPPORT GROUP

WORLD COPD AWARENESS DAY EVENT

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

6. AFFILIATED HEALTH CARE SYSTEM

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

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7. STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA