

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2017

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARION GENERAL HOSPITAL INC.

Employer identification number
35-0868130

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300.0000 %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input 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	
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
a Financial Assistance at cost (from Worksheet 1)		7754	4,966,613.		4,966,613.	2.80
b Medicaid (from Worksheet 3, column a)			46,253,728.	22,874,060.	23,379,668.	13.46
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		7754	51,220,341.	22,874,060.	28,346,281.	16.26
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		104926	1,090,258.	98,258.	992,000.	.57
f Health professions education (from Worksheet 5)		2556	1,270,369.		1,270,369.	.73
g Subsidized health services (from Worksheet 6)		171	642.		642.	
h Research (from Worksheet 7)		368	3,080.		3,080.	
i Cash and in-kind contributions for community benefit (from Worksheet 8)		10325	465,951.		465,951.	.27
j Total. Other Benefits		118346	2,830,300.	98,258.	2,732,042.	1.57
k Total. Add lines 7d and 7j.		126100	54,050,641.	22,972,318.	31,078,323.	17.83

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		770	19,455.		19,455.	.01
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy		11512	1,283.		1,283.	.01
8 Workforce development		11	1,081,975.		1,081,975.	.62
9 Other						
10 Total		12293	1,102,713.		1,102,713.	.64

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	4,625,041.
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	462,504.
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	34,524,117.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	40,515,638.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,991,521.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PROGRESSIVE CANCER	ONCOLOGY CENTER	59.77100	9.43000	11.81000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2017

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 MARION GENERAL HOSPITAL INC
 441 N. WABASH AVENUE
 MARION IN 46952
 WWW.MGH.NET
 17-005011-1

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X		OFF-CAMPUS RADIOLOGY ONCOLOGY, SLEEP LAB PHYSICAL MED, LAB	

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 MARION GENERAL HOSPITAL 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

- 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?
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?
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)?
a A definition of the community served by the hospital facility
b Demographics of the community
c Existing health care facilities and resources within the community that are available to respond to the health needs of the community
d How data was obtained
e The significant health needs of the community
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
g The process for identifying and prioritizing community health needs and services to meet the community health needs
h The process for consulting with persons representing the community's interests
i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
j Other (describe in Section C)
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15
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?
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities?
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?
7 Did the hospital facility make its CHNA report widely available to the public?
a Hospital facility's website (list url): WWW.MGH.NET
b Other website (list url): SEE DISCLOSURE
c Made a paper copy available for public inspection without charge at the hospital facility
d 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?
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?
a If "Yes," (list url):
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)?
12b 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? \$

Table with 3 columns: Question ID, Yes, No. Contains 'X' marks for questions 1, 2, 3, 5, 6a, 6b, 7, 8, 10b, 12a, 12b.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MARION GENERAL HOSPITAL 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>300.0000</u> % and FPG family income limit for eligibility for discounted care of _____ %		
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 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>WWW.MGH.NET</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.MGH.NET</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MGH.NET</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 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)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MARION GENERAL HOSPITAL 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? If "No," indicate why:	X	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

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 MARION GENERAL HOSPITAL 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 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 checked="" 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.		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.		X

Schedule H (Form 990) 2017

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.

SCHEDULE H, PART V, SECTION B, LINE 5

MGH HOSTS AN ANNUAL CLERGY CONNECT AND COMMUNITY CONNECT SERIES PROVIDING OPPORTUNITY FOR DIRECT FEEDBACK, RESPONSE, AND PROBLEM SOLVING. MGH CONVENES AND HOSTS A LARGE SUBSTANCE ABUSE TASK FORCE OF MORE THAN 40 ORGANIZATIONS AND MONTHLY IN-SERVICE/EDUCATION MEETINGS HELD WITH THE PARISH NURSES FROM THE COMMUNITY, AND CREATED A MGH COMMUNITY ADVISORY BOARD. MGH REPRESENTATIVES PARTICIPATE IN SEVERAL COMMUNITY ADVISORY GROUPS, FOCUS GROUPS AND CONSULTANTS FOR THE DEVELOPMENT, TIMING, AND DISSEMINATION OF RESULTS OF THE CHNA, THE REVIEW AND PRESENTATION OF ITS RESULTS. MGH PARTICIPATED IN GRANT COUNTY CONVERSATIONS ABOUT HEALTH, INVOLVING A PRESENTATION OF THE CHNA AND A PANEL DISCUSSION TO COMMEMORATE PUBLIC HEALTH DAY. MANY FROM THE COMMUNITY PROVIDED INPUT AND PRIORITIZATION OF NEEDS IN THE COMMUNITY DURING THIS EVENT. OTHER COMMUNITY GATHERINGS (INCLUDING FOCUS GROUPS) HAVE PROVIDED INPUT INTO THE HOSPITAL AND COMMUNITY IMPLEMENTATION PLANS. IT WAS IMPORTANT IN OUR RURAL COMMUNITY WITH SCARCE RESOURCES THAT MGH EMPHASIZED THAT THE CHNA AND ITS RESULTS ARE BENEFICIAL AND AVAILABLE FOR ALL ORGANIZATIONS WITHIN OUR COMMUNITY. PLANS ARE UNDERWAY FOR THE 2019 CHNA.

SCHEDULE H, PART V, SECTION B, LINE 6B

FAMILY SERVICES SOCIETY, INC.
 INDIANA WESLEYAN UNIVERSITY
 TAYLOR UNIVERSITY
 GRANT COUNTY HEALTH DEPARTMENT
 CANCER SERVICES OF GRANT COUNTY

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.

BRIDGES TO HEALTH

GRANT BLACKFORD MENTAL HEALTH CENTER

MINORITY HEALTH COALITION

SCHEDULE H, PART V, SECTION B, LINE 7B

MGH POSTS THE FINAL REPORTS ON A COMMUNITY BASED WEBSITE, AND PROVIDES A LINK TO THE CHNA REPORTS ON THE MGH SITE.

[HTTP://WWW.MGH.NET/FOR-THE-COMMUNITY](http://www.mgh.net/for-the-community)

OR DIRECTLY TO

[HTTPS://WWW.HEALTHYGRANTCOUNTY.NET/HEALTH-ASSESSMENTS/COMMUNITY-HEALTH-PROFILE](https://www.healthygrantcounty.net/health-assessments/community-health-profile)

MGH HOSTS SEVERAL COMMUNITY MEETINGS AND ATTENDS AREA GATHERINGS TO PRESENT THE COMMUNITY HEALTH PROFILE FINDINGS. ALL OF THE COMMUNITY PARTNERS RECEIVE ACCESS TO THE FINAL REPORT.

SCHEDULE H, PART V, SECTION B, LINE 11

IN 2017-18, MGH CONVENED SEVERAL OPEN COMMUNITY MEETINGS TO DISCUSS THE COMMUNITY HEALTH PROFILE (CHP IS OUR NAMED CHNA) RESULTS TO DETERMINE A CONSENSUS REGARDING THE TOP SIGNIFICANT COMMUNITY NEEDS AND BRAINSTORM IMPLEMENTATION PLAN OPTIONS. THE HEALTH AREAS OF LUNG DISEASE, DIABETES, UNHEALTHY WEIGHT, AND LATE DIAGNOSES OF DISEASE STATES SURFACED AS

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.

PRESSING ISSUES. WHILE REVIEWING ADDITIONAL DATA AND INPUT FROM HEALTHCARE ORGANIZATIONS, EMPLOYERS, SCHOOLS, AND CHURCHES, IT WAS DETERMINED THAT WE WOULD CONTINUE OUR CEASE DIABETES INITIATIVE AND ADD CEASE LUNG DISEASE. WE ALSO BEGAN INCREASE HEALTHY EATING AND INCREASE HEALTH SCREENINGS FOR PRIMARY CHRONIC DISEASE FOCUS IN OUR COMMUNITY FROM 2017-2019.

DIABETES:

THE CONSENSUS OF THE COMMUNITY DISCUSSION GROUPS IDENTIFIED DIABETES WITH SEVERAL CO-MORBIDITIES WHICH IMPACT SEVERAL OTHER CHRONIC DISEASES AFFECTING OUR POPULATION. DIABETES LENDS THE GREATEST FINANCIAL BURDEN, ALONG WITH DOCUMENTED EMOTIONAL, SOCIAL AND PHYSICAL COSTS IMPACTING NUMEROUS AREAS OF THE COMMUNITY. MGH AND THE CHP ADVISORY TEAM DEFINED MEASURABLES OF DIABETIC IMPACT AS:

- 1) INCREASE THE NUMBER OF PEOPLE WITH AN A1C UNDER CONTROL,
- 2) INCREASE THE NUMBER OF PEOPLE WITH DIABETES WHO HAVE A DILATED EYE EXAM YEARLY,
- 3) INCREASE THE NUMBER OF REFERRALS AND DECREASE THE NUMBER OF NO SHOWS TO THE MGH ACCREDITED EDUCATION PROGRAM FOR SELF-MANAGEMENT (AMERICAN DIABETES ASSOCIATION).
- 4) A NEW PARTNERSHIP IS UNDER DEVELOPMENT WITH TAYLOR UNIVERSITY PRE-MED, EXERCISE SCIENCE AND NUTRITION MAJORS TO OFFER A PRE-DIABETES RISK REDUCTION PROGRAM CALLED INVITATION.

INCREASE HEATHY EATING

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.

INCREASE HEALTHY EATING CONTRIBUTES TO THE SUCCESS OF THE CEASE DIABETES, CHRONIC DISEASE ISSUES OF CORONARY ARTERY DISEASE, AND MANY OTHER CO-MORBIDITIES. PARTNERSHIPS WITH PURDUE EXTENSION (4-H, BOYS AND GIRLS CLUB AND AN AT RISK KIDS WEEKEND CAMP ARE IN PROCESS TO DETERMINE GOALS FOR EDUCATION AND INTERVENTIONS.

CEASE LUNG DISEASE

CEASE LUNG DISEASE WAS DESIGNED TO ADDRESS LUNG CANCER AND ASTHMA, BOTH HAVE BEEN IDENTIFIED AS SIGNIFICANT ISSUES BY THE COMMUNITY HEALTH PROFILE (CHNA) AND THE INDIANA STATE DEPARTMENT OF HEALTH. GRANT COUNTY STATISTICS RANK SECOND AND THIRD FOR ADULT SMOKERS AND EXPOSURE TO SECONDHAND SMOKE COMPARED TO COUNTIES IN INDIANA.

GRANT COUNTY'S DIAGNOSIS OF LUNG CANCER IS NOW THE SECOND HIGHEST CANCER SITE. ASTHMA-RELATED VISITS TO THE EMERGENCY DEPARTMENT ARE AMONG THE HIGHEST IN THE STATE, 59.1 % PER 10,000 RESIDENTS. GOALS FOR TOBACCO CESSATION INCLUDE:

- 1) REDUCE ADULT SMOKING
- 2) PROVIDE TRAINING FOR SMOKING CESSATION FACILITATORS, AND
- 3) PROVIDE EDUCATION ABOUT ELECTRONIC NICOTINE DELIVERY DEVICES TO AREA SCHOOLS, CHURCHES AND YOUTH ORGANIZATIONS
- 4) LOOK SYSTEM WIDE FOR INCREASING OPPORTUNITY AND UTILIZING MOTIVATIONAL INTERVIEW TECHNIQUES TO INCREASE THE WILL FOR SMOKING CESSATION A TOBACCO TREATMENT SPECIALIST HAS BEEN ADDED TO OUR STAFF
- 5) CONTINUE TO BUILD A LOCAL COALITION TO ADDRESS TOBACCO ISSUES IN THE COUNTY.

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.

GOALS FOR THE ASTHMA INTERVENTION INCLUDE:

- 1) DEVELOP A RAPID RESPONSE EDUCATION/INTERVENTION FOR PATIENTS WITH
ASTHMA RELATED ILLNESSES IN THE EMERGENCY DEPARTMENT AND INPATIENT UNITS
AND
- 2) PROVIDE AREA SCHOOLS WITH SUPPLIES TO ASSESS AND ALLOW
TREATMENT/EDUCATION UNDER THE SUPERVISION OF THE SCHOOL NURSES.
- 3) A NEW LUNG SCREENING DAY PROVIDED THE PLATFORM FOR OVER 40 LOW DOSE CT
SCANS TO PROVIDE EARLY DETECTION FOR LUNG DISEASE.
- 4) THE MGH HEALTH EXPO PROVIDED OPPORTUNITY FOR OVER 40 SKIN CANCER
CHECKS.
- 5) BREATHING TESTS (NO CHARGE) WERE ADDED TO THE COMMUNITY SCREENING
PROGRAM.

HEALTH SCREENINGS

INCREASE HEALTH SCREENINGS ADDS TO THE LONGEVITY AND QUALITY OF LIFE FOR
GRANT COUNTY RESIDENTS. THE GOAL IS TO INCREASE AWARENESS THROUGH
EDUCATION ABOUT THE BENEFITS AND AVAILABILITY OF HEALTH SCREENINGS.
COMMUNITY AND IN-HOSPITAL SCREENINGS AT A VERY REDUCED OR FREE HAVE BEEN
WIDELY COMMUNICATED AND UTILIZED. MGH SPONSORED A LARGE HEALTH EXPO,
WHICH INCLUDED OPPORTUNITIES FOR MANY SCREENINGS, EDUCATION AND AWARENESS
OF SCREENING OPPORTUNITIES.

Schedule H (Form 990) 2017

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? 26

Name and address	Type of Facility (describe)
1 MGH SURGERY CENTER 330 N. WABASH AVENUE STE 200 MARION IN 46952	OUTPATIENT SURGERY CENTER
2 MGH PEDIATRIC CENTER 330 N. WABASH AVENUE STE 320 MARION IN 46952	PHYSICIAN PRACTICE OFFICE
3 UROLOGY CENTER OF MGH 330 N. WABASH AVENUE STE 350 MARION IN 46952	PHYSICIAN PRACTICE OFFICE
4 MARION SURGEONS 330 N. WABASH AVENUE STE 370 MARION IN 46952	PHYSICIAN PRACTICE OFFICE
5 SPECIALTY PHYSICIANS 330 N. WABASH AVENUE STE 400 MARION IN 46952	PHYSICIAN PRACTICE OFFICE
6 LUNG CENTER OF MGH 330 N. WABASH AVENUE STE 450 MARION IN 46952	PHYSICIAN PRACTICE OFFICE
7 FAMILY MEDICINE CENTER-MARION 330 N. WABASH AVENUE MARION IN 46952	PHYSICIAN PRACTICE OFFICE
8 MGH SLEEP LAB 1387 N. BALDWIN AVENUE MARION IN 46952	SLEEP LAB
9 MGH DIAGNOSTICS-NORTHWOOD 1379 N. BALDWIN AVENUE MARION IN 46952	LAB
10 FAMILY MEDICINE CENTER-NORTHWOOD 1399 N. BALDWIN AVENUE MARION IN 46952	PHYSICIAN PRACTICE OFFICE

Schedule H (Form 990) 2017

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? _____

Name and address	Type of Facility (describe)
1 MGH PHYSICAL MEDICINE 1393 N. BALDWIN AVENUE MARION IN 46952	PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY
2 MARION FAMILY PRACTICE 1391 N. BALDWIN AVENUE MARION IN 46952	PHYSICIAN PRACTICE OFFICE
3 MGH DIAGNOSTICS-SOUTH 1408 W. BELLA DRIVE MARION IN 46953	LAB, RADIOLOGY
4 FAMILY MEDICINE CENTER-SOUTH 1406 W. BELLA DRIVE MARION IN 46953	PHYSICIAN PRACTICE OFFICE
5 OBSTETRICS AND GYNECOLOGY 1419 W. BELLA DRIVE MARION IN 46953	PHYSICIAN PRACTICE OFFICE
6 MGH DIAGNOSTICS-BELLA 1415 W. BELLA DRIVE MARION IN 46953	LAB
7 MGH MEDICAL ONCOLOGY 831 N. THEATRE DRIVE MARION IN 46952	MEDICAL ONCOLOGY, PHYSICIAN OFFICE
8 MGH WORK SOLUTIONS 119 S. WASHINGTON STREET MARION IN 46952	OCCUPATIONAL MEDICINE
9 FAMILY MEDICINE CENTER-CONVERSE 308 N. JEFFERSON STREET CONVERSE IN 46919	PHYSICIAN PRACTICE OFFICE
10 FAMILY MEDICINE CENTER-SWAYZEE 2651 S 800 W SWAYZEE IN 46986	PHYSICIAN PRACTICE OFFICE

Schedule H (Form 990) 2017

Schedule H (Form 990) 2017

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? _____

Name and address	Type of Facility (describe)
1 FAMILY MEDICINE CENTER-GAS CITY 4781 KAY BEE DRIVE GAS CITY IN 46933	PHYSICIAN PRACTICE OFFICE
2 MGH DIAGNOSTICS-GAS CITY 4781 KAY BEE DRIVE GAS CITY IN 46933	LAB
3 FAIRMOUNT MEDICAL ASSOCIATES 157 W. 8TH STREET FAIRMOUNT IN 46928	PHYSICIAN PRACTICE OFFICE
4 MGH DIAGNOSTICS-FAIRMOUNT 157 W. 8TH STREET FAIRMOUNT IN 46928	LAB
5 MGH DIAGNOSTICS-UPLAND 1809 S. MAIN STREET STE 200 UPLAND IN 46989	LAB, RADIOLOGY, PHYSICAL MEDICINE
6 UPLAND HEALTH AND DIAGNOSTICS 1809 S. MAIN STREET UPLAND IN 46989	PHYSICIAN PRACTICE OFFICE
7	
8	
9	
10	

Schedule H (Form 990) 2017

Schedule H (Form 990) 2017

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.

SCHEDULE H, PART I, LINE 3C

MGH PROVIDED FREE CARE UP TO 300% OF FPL AND ELIMINATED DISCOUNTED CARE.

SCHEDULE H, PART I, LINE 7

COST OF CHARITY CARE IS ESTIMATED BY MULTIPLYING GROSS CHARGES FORGIVEN FOR CHARITY CARE FOR THE YEAR BY THE AVERAGE COST-TO-CHARGE RATIO AS DERIVED FROM DATA FROM THE FILED MEDICARE COST REPORT.

SCHEDULE H, PART II

MGH IS COMMITTED TO RESPONDING TO THE FEDERAL DESIGNATIONS THAT GRANT COUNTY IS A MEDICAL PROFESSION SHORTAGE AREA (MPSA) AND MEDICALLY UNDERSERVED AREA (MUSA). ACTIVE RECRUITING AND LOAN FORGIVENESS (AS INCENTIVES) FOR PROVIDER HIRING IS CRITICAL TO SERVE OUR HEALTHCARE COMMUNITIES. MGH IS THE ONLY NON-GOVERNMENT HOSPITAL IN OUR COUNTY. THE NEED FOR RECRUITING AND RETAINING PROVIDERS PRESENTS SIGNIFICANT CHALLENGES FOR A SMALL RURAL AREA. REPRESENTATIVES FROM MGH SERVE ON THE INDIANA WESLEYAN UNIVERSITY (IWU) COMMUNITY ADVISORY BOARD AND HAVE BEEN INSTRUMENTAL IN WORKING WITH IWU TO CREATE GRADUATE EDUCATION PROGRAMS

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.
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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.

THAT MEET COMMUNITY PROVIDER NEEDS. MGH IS THE LARGEST SUPPORTER OF OUR COUNTY'S FREE HEALTH AND DENTAL CLINIC, BRIDGES TO HEALTH. THE HOSPITAL IS THE LARGEST DONOR FOR IN-KIND AND MONETARY GIFTS TO LOCAL NOT-FOR-PROFIT ORGANIZATIONS WHICH ASSISTS IN THEIR MISSIONS TO IMPROVE GRANT COUNTY.

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT AT COST IS ESTIMATED BY MULTIPLYING TOTAL PROVISION FOR BAD DEBT FOR THE YEAR BY THE AVERAGE COST-TO-CHARGE RATIO AS DERIVED FROM THE FILED MEDICARE COST REPORT.

SCHEDULE H, PART III, SECTION A, LINE 3

THE AMOUNT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER FINANCIAL ASSISTANCE POLICIES IS ESTIMATED BASED UPON PAST EXPERIENCE.

SCHEDULE H, PART III, SECTION A, LINE 4

SEE PAGE 8 OF THE ATTACHED FINANCIAL STATEMENTS, UNDER THE HEADING ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS.

Schedule H (Form 990) 2017

Part VI Supplemental Information

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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.

SCHEDULE H, PART III, SECTION B, LINE 8

MGH BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE INCLUDED WHEN ATTEMPTING TO REFLECT THE FINANCIAL BENEFIT THAT THE ORGANIZATION PROVIDES TO ITS COMMUNITY. TO THAT END, MGH SHOWS THIS AMOUNT SEPARATELY ON ITS ANNUAL COMMUNITY BENEFIT REPORT. SERVICES ARE PROVIDED TO MEDICARE PATIENTS BY MGH WHILE, AT THE SAME TIME, WE FULLY EXPECT TO RECEIVE LESS IN REIMBURSEMENT THAN IT COSTS TO PROVIDE THESE SERVICES. WE ARE BENEFITING THE COMMUNITY BY BEING A CONVENIENT AND REPUTABLE SOURCE WITHIN THE COMMUNITY TO RECEIVE SUCH SERVICES. THE MEDICARE ALLOWABLE COSTS OF CARE IS TAKEN DIRECTLY FROM THE FILED MEDICARE COST REPORT.

SCHEDULE H, PART III, SECTION C, LINE 9B

MGH'S COLLECTION POLICY DISTINGUISHES BETWEEN 'FINANCIAL ASSISTANCE' - PATIENTS UNABLE TO PAY, AND 'BAD DEBT' - PATIENTS UNWILLING TO PAY. MGH SENDS A STATEMENT ON DAY 1 WITH AN EXPECTED DUE DATE OF TWENTY-FIVE (25) DAYS FROM THE DATE OF THE STATEMENT. THIRTY (30) DAYS LATER A SECOND STATEMENT IS SENT FOLLOWED BY A LATE PAYMENT CALL. AT SIXTY (60) DAYS

Schedule H (Form 990) 2017

Part VI Supplemental Information

Provide the following information.

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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.

ANOTHER STATEMENT IS SENT FOLLOWED BY ANOTHER CALL. BY MONTH FOUR (4) IF NO RESPONSE AN ECA NOTIFICATION IS MAILED TO PATIENT NOTIFYING THEM THAT THE ACCOUNT MAY BE TURNED TO COLLECTION. CALLS ARE DOCUMENTED IN THE AR SYSTEM FOR FURTHER FOLLOW-UP ACTION. PAYMENT IN FULL IS ALWAYS THE PREFERRED METHOD OF RESOLUTION FOR A SELF-PAY BALANCE. IF THIS IS NOT POSSIBLE, THE PATIENT SERVICES REPRESENTATIVE OR FINANCIAL COUNSELOR PROVIDES INFORMATION TO THE PATIENT AND/OR OTHER RESPONSIBLE PARTY OF THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM IN A WAY THAT IS EASY TO UNDERSTAND. THE PATIENT SERVICE REPRESENTATIVE OR FINANCIAL COUNSELOR RESPONDS PROMPTLY TO QUESTIONS ABOUT THE PATIENT'S BILLS AND REQUESTS FOR ASSISTANCE. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT REPORTED TO A COLLECTION AGENCY AS LONG AS REQUESTED DOCUMENTATION IS PROVIDED TIMELY.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

MGH FACILITATES A LARGE COMMUNITY HEALTH PROFILE (NEEDS ASSESSMENT) EVERY THREE YEARS. THE SURVEY PROCESS INVOLVES PRIMARY AND SECONDARY DATA. THE

Part VI Supplemental Information

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SURVEY TOOL USED IS FROM THE CENTER FOR DISEASE CONTROL BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS). THE BRFSS COLLECTS PRIMARY DATA. FOCUS GROUPS AND COMMUNITY-BASED MEETINGS ARE HELD. ADDITIONAL INFORMATION AND DATA FROM VARIOUS ORGANIZATIONS INCLUDING THE GRANT COUNTY HEALTH DEPARTMENT, THE INDIANA STATE DEPARTMENT OF HEALTH, THE CDC, COUNTY HEALTH RANKINGS, AND CHNA.ORG ARE REVIEWED AND UTILIZED IN ORDER ADD A COMPREHENSIVE PICTURE OF THE HEALTH OF GRANT COUNTY.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE AS A NOT-FOR-PROFIT HOSPITAL, MGH HAS SIGNAGE AT ALL REGISTRATION POINTS INTO THE FACILITY AND THE HOSPITAL'S BUSINESS OFFICE ADVISING THEM OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM (FAP). WE HAVE A BROCHURE TITLE 'UNDERSTANDING HOSPITAL BILLS & INSURANCE' THAT DIRECTS THEM TO CALL US IF THEY DO NOT HAVE INSURANCE OR HAVE THE ABILITY TO PAY THEIR BILL. ALL BEDDED PATIENTS RECEIVE THIS BROCHURE UPON ADMISSION. WE ALSO HAVE A PATIENT NOTICE OF FINANCIAL ASSISTANCE POLICY STATEMENT AVAILABLE AT ALL REGISTRATION LOCATIONS AND THE BUSINESS OFFICE. OUR

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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.

BILLING STATEMENTS ADVISE OUR PATIENTS THAT WE OFFER FINANCIAL ASSISTANCE AND DIRECTS THEM TO CONTACT US IN THE BUSINESS OFFICE TO GET ADDITIONAL INFORMATION AND AN APPLICATION ON OUR WEBSITE. ONCE A PATIENT IS APPROVED FOR ASSISTANCE, THEY ARE QUALIFIED FOR A PERIOD OF ONE YEAR FROM APPROVAL OF THE APPLICATION. MGH ALSO ASSISTS PATIENTS WITH THE COMPLETION OF THE FAP APPLICATION, AS WELL AS, EVALUATION OF THEIR ELIGIBILITY FOR STATE AND FEDERAL GOVERNMENT BENEFIT PROGRAMS.

SCHEDULE H, PART VI, LINE 4

MGH IS THE ONLY NON-GOVERNMENT ACUTE CARE HOSPITAL IN RURAL GRANT COUNTY, OUR PRIMARY GEOGRAPHIC LOCATION, COMPRISING OF 88% OF ALL THE PATIENTS WE SERVE. GRANT COUNTY DEMOGRAPHICS ARE AS FOLLOWS:

WHITE 88.7%

BLACK/AFRICAN AMERICAN 7.4%

MULTI-RACIAL 2.6%

ASIAN 0.9%

HISPANIC 4.4%.

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MEDIAN INCOME IS \$42,046,

POPULATION IS 70,061,

PERSONS IN POVERTY 18.4%, AND 9.8% ARE WITHOUT HEALTH INSURANCE,

(WWW.CENSUS.GOV/QUICKFACTS).

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

MGH MAKES A CONCENTRATED EFFORT TO HAVE PATIENT ACCESS LOCATIONS IN MOST AREAS OF THE COUNTY. MGH HAS DEVELOPED A PRACTITIONER REFERRAL LINE, CALLED MGH ACCESS, SO THAT PEOPLE CAN BE SEEN BY A PRIMARY CARE PROVIDER QUICKLY. A SUBSTANTIAL AMOUNT OF TIME, EFFORT AND RESOURCES ARE USED TO RECRUIT THE NEEDED PHYSICIANS AND SERVICE TO OUR RURAL AREA. MANY STAFF AND LEADERS AT MGH SERVE ON COUNTLESS BOARDS ACROSS THE COUNTY TO EXTEND MGH'S MISSION OF TRANSFORMING THE HEALTH OF OUR COMMUNITY. MGH COMMUNITY OUTREACH OFFERS LUNCH AND LEARNS FOR AREA PROVIDER OFFICES, NOT-FOR-PROFIT ORGANIZATIONS, SCHOOL NURSES AND AREA SOCIAL WORKERS. MGH HAS A LOAN FORGIVENESS AND WORK PROGRAM FOR STUDENTS CHOOSING NURSING AND SEVERAL OTHER ALLIED HEALTH FIELDS THAT ASSISTS GREATLY WITH RECRUITMENT

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AND RETENTION OF STAFF. MGH ENGAGES WITH MANY AREA COLLEGES AND UNIVERSITIES WITH A ROBUST PROGRAM FOR STUDENT ROTATIONS AND PRACTICUMS IN MANY AREAS OF HEALTH CARE. MGH SERVES AS A RESOURCE FOR NEEDS ASSESSMENT, EDUCATION, AND GRANT OPPORTUNITIES. MGH HOSTS AN ANNUAL HEALTH EXPO WHICH HAS BEEN HIGHLY ATTENDED, OFFERING HEALTH EDUCATION, DEMONSTRATIONS, AND LOW-COST FREE SCREENINGS.

SUBSTANCE ABUSE

THE 2013 AND 2016 COMMUNITY HEALTH PROFILE IDENTIFIED MENTAL HEALTH, SUBSTANCE ABUSE AND PRESCRIPTION DRUG ABUSE AS A CONCERN ALONG WITH LAW ENFORCEMENT DATA. MGH HAS CONTINUED TO CONVENE THE GRANT COUNTY TASK FORCE, WHICH HAS RISEN TO THE HIGHEST ACCOLADES IN THE STATE OF INDIANA WITH OUR IMPLEMENTATION STRATEGY TO TACKLE OPIOID AND HEROIN ABUSE. MGH CONTINUES TO RECEIVE AWARDS AND RECOGNITION FOR THE SUCCESSFUL IMPLEMENTATION STRATEGY TO THE INDIANA STATE MEDICAL ASSOCIATION, INDIANA HOSPITAL ASSOCIATION, INDIANA RURAL HEALTH ASSOCIATION, THE ATTORNEY GENERAL'S BITTER PILL INITIATIVE, AND THE INDIANA DRUG TASK FORCE.

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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.

MGH HAS PROVIDED THE RESOURCES AND STAFF TO CONTINUE TO DEVELOP AND
CREATE ACTIONS PLANS FOR THE GRANT COUNTY SUBSTANCE TASK FORCE, WHICH NOW
HAS SIX SUB-COMMITTEES.

MGH IS WORKING WITH THE GRANT BLACKFORD MENTAL HEALTH AND SUBSTANCE ABUSE
PROVIDER, THE GRANT COUNTY DRUG COURT AND THE SHERIFF'S DEPARTMENT ON A
MEDICATION-ASSISTED TREATMENT PROGRAM AND ON A NEW NETWORK THROUGH HRSA
PLANNING GRANTS TO CREATE A STRATEGIC PLAN TO ADDRESS THE NEEDS OF
SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES SPECIFIC TO OUR RURAL COMMUNITY.
THIS PLAN WILL INCLUDE RECRUITING AND RETAINING WORKFORCE THAT
SPECIALIZED IN BEHAVIORAL HEALTH.

SCHEDULE H, PART VI, LINE 7
STATE FILING OF COMMUNITY BENEFIT REPORT
INDIANA.