### Part I: Financial Assistance and Certain Other Community Benefits at Cost

1. **Did the organization have a financial assistance policy during the tax year?**  
   - If "No," skip to question 6a
   - If "Yes," was it a written policy?

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:**
   - X Applied uniformly to all hospital facilities
   - Applied uniformly to most hospital facilities
   - 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:**
   - 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:
       - 100%
       - 150%
       - 200%
       - Other

4. **If the organization budgeted amounts for free or discounted care provided under its financial assistance policy during the tax year:**
   - Did the organization prepare a community benefit report during the tax year?

5. **If "Yes," was it a written policy?**

6. **If the organization used FPG as a factor in determining eligibility for providing free care,**
   - Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing discounted care?
     - If "Yes," indicate which of the following was the FPG family income limit for eligibility for discounted care:
       - 200%
       - 250%
       - 300%
       - 350%
       - 400%
       - Other

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

<table>
<thead>
<tr>
<th>Financial Assistance and Certain Other Community Benefits at Cost</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Assistance at cost (from Worksheet 1)</td>
<td>1</td>
<td></td>
<td>634,896</td>
<td>0</td>
<td>634,896</td>
<td>1.27%</td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td>3</td>
<td></td>
<td>9,741,707</td>
<td>6,850,101</td>
<td>2,891,606</td>
<td>5.78%</td>
</tr>
<tr>
<td>Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Financial Assistance and Means-Tested Government Programs</td>
<td>4</td>
<td></td>
<td>10,376,603</td>
<td>6,850,101</td>
<td>3,526,502</td>
<td>7.05%</td>
</tr>
<tr>
<td>Other Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community health improvement services and community benefit operations (from Worksheet 4)</td>
<td>8</td>
<td>3,967</td>
<td>227,366</td>
<td>0</td>
<td>227,366</td>
<td>.45%</td>
</tr>
<tr>
<td>Health professions education (from Worksheet 5)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 6)</td>
<td>2</td>
<td>6,527</td>
<td>1,075,569</td>
<td>391,783</td>
<td>683,786</td>
<td>1.37%</td>
</tr>
<tr>
<td>Research (from Worksheet 7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and in-kind contributions for community benefit (from Worksheet 8)</td>
<td>3</td>
<td></td>
<td>25,007</td>
<td>0</td>
<td>25,007</td>
<td>.05%</td>
</tr>
<tr>
<td>Total, Other Benefits</td>
<td>13</td>
<td>10,494</td>
<td>1,327,942</td>
<td>391,783</td>
<td>936,159</td>
<td>1.87%</td>
</tr>
<tr>
<td>Total, Add lines 7d and 7j</td>
<td>17</td>
<td>10,494</td>
<td>11,704,545</td>
<td>7,241,884</td>
<td>4,462,661</td>
<td>8.92%</td>
</tr>
</tbody>
</table>

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II Community Building Activities**

<table>
<thead>
<tr>
<th></th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community building expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community building expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td>1</td>
<td></td>
<td></td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td>2</td>
<td></td>
<td></td>
<td>11,810</td>
<td>11,810</td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td>3</td>
<td></td>
<td></td>
<td>15,810</td>
<td>15,810</td>
</tr>
</tbody>
</table>

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

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? [X] Yes [ ] No

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit

4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME)

6. Enter Medicare allowable costs of care relating to payments on line 5

7. Subtract line 6 from line 5. This is the surplus (or shortfall)

8. Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Check the box that describes the method used:

- [ ] Cost accounting system
- [x] Cost to charge ratio
- [ ] Other

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year? [x] Yes [ ] No

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

[ ] Yes [x] No

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th>(a) Name of entity</th>
<th>(b) Description of primary activity of entity</th>
<th>(c) Organization's profit % or stock ownership %</th>
<th>(d) Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>(e) Physicians' profit % or stock ownership %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
### Part V  Facility Information

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year?

<table>
<thead>
<tr>
<th></th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>ER24 hours</th>
<th>ERother</th>
<th>Other (describe)</th>
<th>Facility reporting group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SAINT JOSEPH REG. MED. CENTER-PLYMOUTH</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1915 LAKE AVENUE
PLYMOUTH, IN 46563
WWW.SJMED.COM/PLYMOUTH-CAMPUS
17-005070-1
Name of hospital facility or letter of facility reporting group  SAINT JOSEPH REG. MED. CENTER- PLYMOUTH

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? 1 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 2 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 3 X
   If "Yes," indicate what the CHNA report describes (check all that apply):
   a X A definition of the community served by the hospital facility
   b X Demographics of the community
   c X Existing health care facilities and resources within the community that are available to respond to the health needs of the community
   d X How data was obtained
   e X The significant health needs of the community
   f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
   g X The process for identifying and prioritizing community health needs and services to meet the community health needs
   h X The process for consulting with persons representing the community's interests
   i X 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: 2017
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 5 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 6a 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 6b X
7 Did the hospital facility make its CHNA report widely available to the public? 7 X
   If "Yes," indicate how the CHNA report was made widely available (check all that apply):
   a X Hospital facility's website (list url): SEE SCHEDULE H, PART V, SECTION C
   b Other website (list url):
   c X Made a paper copy available for public inspection without charge at the hospital facility
   d X 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 8 X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 2017
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? 10 X
   a If "Yes," (list url): SEE SCHEDULE H, PART V, SECTION C
   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)? 12a X
   b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 12b
   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? $
### Financial Assistance Policy (FAP)

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] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of **200%** and FPG family income limit for eligibility for discounted care of **400%**  
   - [□] Income level other than FPG (describe in Section C)  
   - [□] Asset level  
   - [□] Medical indigency  
   - [□] Insurance status  
   - [□] Underinsurance status  
   - [□] Residency  
   - [□] Other (describe in Section C)

14. Explained the basis for calculating amounts charged to patients?  
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] Described the information the hospital facility may require an individual to provide as part of his or her application
   - [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   - [□] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process
   - [□] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications
   - [□] 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] The FAP was widely available on a website (list url): SEE PART V, PAGE 7
   - [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 7
   - [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 7
   - [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   - [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   - [X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   - [□] 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
   - [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP
   - [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
   - [□] Other (describe in Section C)
### Billing and Collections

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>SAINT JOSEPH REG. MED. CENTER - PLYMOUTH</th>
</tr>
</thead>
</table>

**Part V Facility Information (continued)**

#### 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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### 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:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Policy Relating to Emergency Medical Care**

#### 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):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### 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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**Policy Relating to Emergency Medical Care**

If "No," indicate why:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Schedule H (Form 990) 2017
**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

**Name of hospital facility or letter of facility reporting group:** SAINT JOSEPH REG. MED. CENTER - PLYMOUTH

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period.</td>
</tr>
<tr>
<td>b. 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.</td>
</tr>
<tr>
<td>c. 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.</td>
</tr>
<tr>
<td>d. The hospital facility used a prospective Medicare or Medicaid method.</td>
</tr>
</tbody>
</table>

22. 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?  

<table>
<thead>
<tr>
<th>23. 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?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If &quot;Yes,&quot; explain in Section C.</td>
</tr>
</tbody>
</table>

24. If "Yes," explain in Section C. |
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.  35-1142669

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.

---

SAINT JOSEPH REG. MED. CENTER - PLYMOUTH:

PART V, SECTION B, LINE 3J: N/A

PART V, SECTION B LINE 3E:

SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH (SJRMC-PLYMOUTH) INCLUDED IN ITS CHNA WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT. THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED FOR TAX YEAR 2017 THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. IMPROVED NUTRITION AND EATING HABITS
2. ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.)
3. INCREASED PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS
4. ACCESS TO MENTAL HEALTH CARE
5. ACCESS TO DENTAL CARE

---

SAINT JOSEPH REG. MED. CENTER - PLYMOUTH:

TO SOLICIT INPUT FROM MEMBERS REPRESENTATIVE OF THE MEDICALLY UNDERSERVED, 
LOW-INCOME AND MINORITY POPULATIONS, SAINT JOSEPH HEALTH SYSTEM (SJHS) 
DISSEMINATED THE CHNA SURVEY IN LOCATIONS AND ORGANIZATIONS SERVING THOSE 
DEMographics. MINORITY COALITIONS, HOMELESS SHELTERS, FOOD PANTRIES, 
COMMUNITY CENTERS AND CHURCHES THROUGHOUT ST. JOSEPH AND MARSHALL COUNTIES 
ALLOWED SJHS TO SURVEY THEIR STAFF, VOLUNTEERS, RESIDENTS AND GUESTS. 
COMMUNITY INPUT FROM THESE GROUPS WAS GATHERED THROUGHOUT THE ENTIRE 
SURVEY TIME FRAME (AUGUST TO NOVEMBER 2017). SURVEY DATA COLLECTED FROM 
THOSE POPULATIONS WAS USED TO HELP ASSEMBLE THIS REPORT. TO TAKE 
REPRESENTATIVES' VOICES INTO MORE DIRECT ACCOUNT, SELF-REPORTED DIAGNOSES 
WERE STRATIFIED BY AGE AND RACE. FOR SIGNIFICANT COMMUNITY HEALTH NEEDS, 
RACE/ETHNICITY WAS ALSO TAKEN INTO ACCOUNT.

COMMUNITY HEALTH ADVISORY COMMITTEE MET ON MAY 18, 2018 TO DISCUSS HOW TO 
IMPROVE THE TOP THREE DEFINED NEEDS. MEMBERS OF THE COMMUNITY HEALTH 
ADVISORY COMMITTEE INCLUDED: HEALTH EDUCATORS, BUSINESS LEADERS, SAINT 
JOSEPH HEALTH SYSTEM COLLEAGUES, SENIORS, PUBLIC HEALTH AND PARKS 
DEPARTMENT REPRESENTATIVES.

SAINT JOSEPH REG. MED. CENTER - PLYMOUTH:
PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH 
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC.
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, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 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.

<table>
<thead>
<tr>
<th>Hospital Facility</th>
<th>Specific Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.</td>
<td>35-1142669</td>
</tr>
</tbody>
</table>

**PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING COLLABORATING ORGANIZATIONS:** MARSHALL COUNTY COMMUNITY RESOURCE CENTER, MARSHALL COUNTY NEIGHBORHOOD CENTER, WOMEN'S CARE CENTER, CULVER BOYS & GIRLS CLUB, MARSHALL COUNTY COUNCIL ON AGING, MARSHALL COUNTY HEALTH DEPARTMENT, AND MARSHALL-STARKE DEVELOPMENT CENTER, BOWEN CENTER AND PURDUE EXTENSION.

**SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:**

**PART V, SECTION B, LINE 7D:** ALL COMMUNITY HEALTH ADVISORY BOARD MEMBERS RECEIVED A PRINTED OR E-MAILED COPY OF THE COMPLETE CHNA.

**SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:**

**PART V, SECTION B, LINE 11:** THE PREVIOUS THREE-YEAR IMPLEMENTATION STRATEGY ENDED JUNE 30, 2018. THREE NEEDS FROM THE PREVIOUS CHNA, INCLUDING MENTAL HEALTH, TRANSPORTATION AND PROVIDER ACCESS WERE ADDRESSED BY SJRMC-PLYMOUTH CAMPUS IN FY18. EFFORTS INCLUDED:

**MENTAL HEALTH**

IN FY18, SJRMC-PLYMOUTH CONTINUED EMPLOYING A REGISTERED NURSE/COMMUNITY OUTREACH COORDINATOR. THE REGISTERED NURSE/COMMUNITY OUTREACH COORDINATOR IS THE LIAISON FOR THE MARSHALL COUNTY COMMUNITY AND THE HEALTH DEPARTMENT. THE REGISTERED NURSE/COMMUNITY OUTREACH COORDINATOR WORKED WITH THE HEALTH DEPARTMENT TO IDENTIFY THE HOMELESS AND THEIR NEEDS. THE MARSHALL COUNTY COMMUNITY RESOURCE CENTER IS WHERE THE COMMUNITY COORDINATOR RN RESIDES TO HELP THE UNDERSERVED MEET THEIR NEEDS.
TRANSPORTATION

FINANCIAL SUPPORT WAS PROVIDED IN FY18 TO EXISTING TRANSPORTATION PROGRAMS THROUGH THE COUNCIL ON AGING.

PROVIDER ACCESS

IN FY18, SJRMC-PLYMOUTH EXPANDED THE WELLNESS INITIATIVE "THIS COUNTS", EXPANDED OUR SENIOR FIT TO MARSHALL COUNTY COUNCIL ON AGING LOCATION, PROVIDED FINANCIAL SUPPORT TO MARSHALL COUNTY NEIGHBORHOOD CENTER, INCREASED PARTICIPATION IN HEALTH FAIRS, AND PROMOTED A SAFETY NET CLINIC.

IN FY19, THE THREE-YEAR IMPLEMENTATION STRATEGY BASED ON THE NEW JUNE 2018 CHNA WILL ADDRESS THE TOP FOUR OF FIVE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA: IMPROVED NUTRITION AND EATING HABITS, ACCESS TO WELLNESS RESOURCES, INCREASED PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS, AND MENTAL HEALTH.

SJRMC-PLYMOUTH WILL NOT DIRECTLY ADDRESS DENTAL HEALTH DUE TO FINANCIAL CONSTRAINTS THAT LIMIT ACTIONABLE ITEMS. DENTAL HEALTH IS STILL A PRIORITY FOR SJRMC-PLYMOUTH, AS WE WILL CONTINUE TO PROVIDE DENTAL SERVICES AT THE SISTER MAURA BRANNICK HEALTH CLINIC DENTAL CENTER FOR PATIENTS WHO QUALIFY.

SAINT JOSEPH REG. MED. CENTER - PLYMOUTH:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.
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.

Therefore, approval for financial support may be determined based on available information. Examples of presumptive cases include: deceased patients with no known estate, the homeless, unemployed patients, non-covered medically necessary services provided to patients qualifying for public assistance programs, patient bankruptcies, and members of religious organizations who have taken a vow of poverty and have no resources individually or through the religious order.

For the purpose of helping financially needy patients, a third party is utilized to conduct a review of patient information to assess financial need. This review utilizes a healthcare industry-recognized, predictive model that is based on public record databases. These public records enable the hospital to assess whether the patient is characteristic of other patients who have historically qualified for financial assistance under the traditional application process. In cases where there is an absence of information provided directly by the patient, and after efforts to confirm coverage availability, the predictive model provides a systematic method to grant presumptive eligibility to financially needy patients.

Form 990 Part V, Section B, Line 7A - Hospital facility's website URL:


Form 990 Part V, Section B, Line 10 - Hospital facility's website URL:

HTTPS://WWW.SJMED.COM/ABOUT-US-COMMUNITY-HEALTH-NEEDS-
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.

ASSESSMENT - 2018-1150

| FORM 990 PART V, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE: |
| HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE |

| FORM 990 PART V, LINE 16B, FAP PLAIN LANGUAGE SUMMARY WEBSITE: |
| HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE |

| FORM 990 PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE: |
| HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE |

| SJRMC - PLYMOUTH - PART V, SECTION B, LINE 9: |
| AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC. |
### 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? 4

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MEDICAL OFFICE BUILDING</td>
<td>VARIOUS MEDICAL OFFICES</td>
</tr>
<tr>
<td>2349 LAKE AVENUE</td>
<td></td>
</tr>
<tr>
<td>PLYMOUTH, IN 46563</td>
<td></td>
</tr>
<tr>
<td>2 OUTPATIENT REHABILITATION</td>
<td>REHAB</td>
</tr>
<tr>
<td>1919 LAKE AVE, SUITE 111</td>
<td></td>
</tr>
<tr>
<td>PLYMOUTH, IN 46563</td>
<td></td>
</tr>
<tr>
<td>3 EXPRESS LAB</td>
<td>LAB</td>
</tr>
<tr>
<td>1919 LAKE AVE, SUITE 105</td>
<td></td>
</tr>
<tr>
<td>PLYMOUTH, IN 46563</td>
<td></td>
</tr>
<tr>
<td>4 SJHS CARDIAC REHAB</td>
<td>REHAB</td>
</tr>
<tr>
<td>2855 MILLER RD</td>
<td></td>
</tr>
<tr>
<td>PLYMOUTH, IN 46563</td>
<td></td>
</tr>
</tbody>
</table>
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.

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**PART I, LINE 3C:**

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

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**PART I, LINE 6A:**

SJRMC-PLYMOUTH Prepares an annual community benefit report, which it submits to the state of Indiana. In addition, SJRMC-PLYMOUTH reports its community benefit information as part of the consolidated community benefit information reported by Trinity Health (EIN 35-1443425) in its audited financial statements, available at www.trinity-health.org.

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

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**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND
MEANS-TESTED GOVERNMENT PROGRAMS, SPECIFIC COST-TO-CHARGE RATIOS WERE CALculated AND APPLIED TO THOSE CATEGORIES. THE COST-TO-CHARGE RATIO WAS DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. IN OTHER CATEGORIES, THE BEST AVAILABLE DATA WAS DERIVED FROM THE HOSPITAL'S COST ACCOUNTING SYSTEM.

PART I, LN 7 COL(F):

THE FOLLOWING NUMBER, $7,611,949, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

SJRMC-PLYMOUTH STRIVES TO LIVE ITS MISSION OF SERVING THE POOR AND UNDERSERVED BY ASSISTING LOCAL ORGANIZATIONS IN CREATING PROGRAMS AIMED AT HELPING THE CITIZENS OF OUR COMMUNITY BECOME MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY AND IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY. IN TAX YEAR 2017, WE WERE ABLE TO PROVIDE SUPPORT FOR COMMUNITY BUILDING ACTIVITIES TO OUR COMMUNITY BY DONATING TO THE CENTER FOR HOSPICE AND PALLIATIVE CARE AND ANCILLA COLLEGE. SJRMC-PLYMOUTH ALSO SUPPORTED UNITED WAY OF MARSHALL COUNTY, MARSHALL COUNTY EDC ORGANIZATION, AND CULVER BOYS AND GIRLS CLUB.

PART III, LINE 2:

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

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

PART III, LINE 4:
ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY THE HEALTH MINISTRIES FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE.

PART III, LINE 5:
TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:
SJRMCP-PLYMOUTH DOES NOT BELIEVE ANY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT. THIS IS SIMILAR TO CATHOLIC HEALTH ASSOCIATION RECOMMENDATIONS, WHICH STATE THAT SERVING MEDICARE PATIENTS IS NOT A DIFFERENTIATING FEATURE OF TAX-EXEMPT HEALTH CARE ORGANIZATIONS AND THAT THE EXISTING COMMUNITY BENEFIT FRAMEWORK ALLOWS COMMUNITY BENEFIT PROGRAMS THAT SERVE THE MEDICARE POPULATION TO BE COUNTED IN OTHER COMMUNITY BENEFIT CATEGORIES.

PART III, LINE 8: COSTING METHODOLOGY FOR LINE 6 - MEDICARE COSTS WERE OBTAINED FROM THE FILED MEDICARE COST REPORT. THE COSTS ARE BASED ON MEDICARE ALLOWABLE COSTS AS REPORTED ON WORKSHEET B, COLUMN 27, WHICH EXCLUDE DIRECT MEDICAL EDUCATION COSTS. INPATIENT MEDICARE COSTS ARE CALCULATED BASED ON A COMBINATION OF ALLOWABLE COST PER DAY TIMES MEDICARE DAYS FOR ROUTINE SERVICES AND COST TO CHARGE RATIO TIMES MEDICARE CHARGES FOR ANCILLARY SERVICES. OUTPATIENT MEDICARE COSTS ARE CALCULATED BASED ON COST TO CHARGE RATIO TIMES MEDICARE CHARGES BY ANCILLARY DEPARTMENT.
PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. COLLECTION PRACTICES FOR THE REMAINING BALANCES ARE CLEARLY OUTLINED IN THE ORGANIZATION'S COLLECTION POLICY.

THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:


PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SJRMC-PLYMOUTH

COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT
OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, FEDERAL, STATE, AND LOCAL GOVERNMENT PROGRAMS, AND OTHER COMMUNITY-BASED CHARITABLE PROGRAMS THAT PROVIDE COVERAGE FOR SERVICES ARE MADE AVAILABLE TO PATIENTS DURING THE PRE-REGISTRATION AND REGISTRATION PROCESSES AND/OR THROUGH COMMUNICATIONS WITH PATIENTS SEEKING FINANCIAL ASSISTANCE.

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE.

SJRMC-PLYMOUTH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON HOSPITAL WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R), REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY OUR HOSPITAL.
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. 35-1142669 Page 10

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 4:

COMMUNITY INFORMATION: SJRMC-PLYMOUTH SERVES THE 102,546 RESIDENTS OF ITS PRIMARY MARKET AREA NAMED THE SOUTHERN TIER, WHICH INCLUDES MARshall, FULTON, STARKE AND PULASKI COUNTIES. THESE COUNTIES ARE RELATIVELY RURAL IN NATURE, WITH LIGHT INDUSTRY CENTERED IN THE TOWNS OF PLYMOUTH AND BREMEN. NEARBY CULVER IS THE HOME OF CULVER ACADEMIES, WHICH ATTRACTS STUDENTS TO INDIANA FROM ALL OVER THE WORLD.

THE TOTAL POPULATION FOR THE SOUTHERN TIER SERVICE AREA IS EXPECTED TO DECREASE SLIGHTLY, BY -0.7% FROM 2018 THROUGH 2023. INDIVIDUALS AGE 65 AND OLDER REPRESENT 18.3% OF THE TOTAL POPULATION, AND THAT GROUP IS EXPECTED TO INCREASE 11.4% OVER THE NEXT FIVE YEARS.

THE AVERAGE HOUSEHOLD INCOME ($63,174) IS BELOW THAT FOR THE STATES OF INDIANA, MICHIGAN AND OHIO, THOUGH IT REMAINS STABLE ACROSS THE REGION, WITH AREAS OF MARGINALLY HIGHER AFFLUENCE IN MARshall AND FULTON COUNTIES.

AS IN MOST RURAL MIDWESTERN COMMUNITIES, THE POPULATION IS ALMOST EXCLUSIVELY (90.1%) MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT, ALTHOUGH THERE HAS BEEN AN INCREASE IN THE HISPANIC POPULATION (CURRENTLY 7%) OVER THE PAST TEN YEARS.
IN 2016, 12% OF INDIVIDUALS IN MARSHALL COUNTY LIVED IN POVERTY, WITH 12.5% OF FULTON COUNTY RESIDENTS, 16.1% OF STARKE COUNTY RESIDENTS AND 11.5% OF RESIDENTS IN PULASKI COUNTY. IN 2016, 14% OF INDIANA FAMILIES LIVED IN POVERTY. [U.S. CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE) PROGRAM, DECEMBER 2016]

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

PART VI, LINE 5:
OTHER INFORMATION: SJRMC-PLYMOUTH EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS. BY DOING SO, IT IS ABLE TO ENSURE THE COMMUNITY THAT HIGH QUALITY AND ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SOME SPECIALTY CARE AREAS. REFERRALS FOR NEEDED SERVICES NOT AVAILABLE IN PLYMOUTH ARE EASILY MADE WITH SJRMC-MISHAWAKA OR OTHER LOCAL HOSPITALS.

SJRMC-PLYMOUTH PRIDES ITSELF ON ITS RELATIONSHIP WITH SJRMC-MISHAWAKA, A STATE-OF-THE-ART MEDICAL CENTER THAT UTILIZES THE LATEST TECHNOLOGY, ELECTRONIC MEDICAL RECORDS, FULLY INTEGRATED MEDICAL TEAMS, AND HIGHLY TRAINED STAFF TO PROVIDE CARE THAT IS SECOND TO NONE. INTERACTION OF THE MEDICAL STAFFS, ASSOCIATES, AND ANCILLARY SERVICES ALLOWS SJRMC-PLYMOUTH TO PROVIDE ITS PATIENTS WITH THE Same LEVEL OF CARE OFFERED THE RESIDENTS OF THE CITIES OF SOUTH BEND AND MISHAWAKA.

SJRMC-PLYMOUTH BOASTS A NEW STATE-OF-THE-ART EMERGENCY ROOM WHICH HAS AN
EXCELLENT GROUP OF EMERGENCY DEPARTMENT PHYSICIANS AND STAFF TRAINED IN TREATING PERSONS SUFFERING FROM EMERGENT AND NON-EMERGENT CONDITIONS.

SJRMC-PLYMOUTH SERVES ALL PEOPLE REGARDLESS OF ETHNICITY, GENDER, RELIGION, ABILITY TO PAY, ETC.

SJRMC-PLYMOUTH IS A CERTIFIED "BABY-FRIENDLY STATUS" HOSPITAL. BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

SJRMC-PLYMOUTH PARTICIPATES IN MEDICARE, MEDICAID, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. THE HOSPITAL ALSO OFFERS CHARITY CARE AND CARE ON A SLIDING FEE SCALE. IN KEEPING WITH ITS MISSION STATEMENT AND VALUES, SJRMC-PLYMOUTH ASSURES UNINSURED PATIENTS THAT THEY RECEIVE THE SAME HIGH QUALITY MEDICAL CARE AS THOSE WHO ARE ABLE TO PAY.

FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO ARE ELIGIBLE TO RECEIVE IT. POLICIES GOVERNING SUCH ASSISTANCE ARE READILY AVAILABLE FOR STAFF AND PATIENTS ALIKE. SJRMC-PLYMOUTH SPONSORS A HEALTH CENTER THAT PROVIDES CARE FOR THE UNINSURED. STAFFED PRIMARILY BY A MID-LEVEL PRACTITIONER IN A COLLABORATIVE AGREEMENT WITH LOCAL DOCTORS, THIS HEALTH CENTER SEES A HIGHLY DIVERSE POPULATION AND OFFERS SPECIALIZED CLINICS IN CHRONIC DISEASE MANAGEMENT, COUMADIN CARE, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE.

ADVOCACY FOR VARIOUS HEALTH-RELATED ISSUES IS AT THE FOREFRONT AT SJRMC-PLYMOUTH, INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING THE HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS.
AND OBTAINING AFFORDABLE PHARMACEUTICALS. SJRMC-PLYMOUTH CONTINUES TO BE THE LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, SUCH AS PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS.

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


PART VI, LINE 6:
SJRMC-PLYMOUTH IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER MINISTRIES DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2018, EVERY MINISTRY FOCUSED ON FOUR GOALS:

1. REDUCE TOBACCO USE
2. REDUCE OBESITY PREVALENCE
3. ADDRESS AT LEAST ONE SIGNIFICANT HEALTH NEED IDENTIFIED IN THE MINISTRY COMMUNITY HEALTH NEEDS ASSESSMENT
4. ADDRESS AT LEAST ONE SOCIAL DETERMINANT OF HEALTH

TRINITY HEALTH ACKNOWLEDGES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) TO ADVANCE COMMUNITY PARTNERSHIPS THAT FOCUS ON IMPROVING THE HEALTH AND WELL-BEING IN COMMUNITIES SERVED BY THE MINISTRIES OF TRINITY HEALTH. TCI IS AN INNOVATIVE FUNDING MODEL AND TECHNICAL ASSISTANCE INITIATIVE SUPPORTING EIGHT COMMUNITIES USING POLICY, SYSTEM, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES TO PREVENT TOBACCO USE AND CHILDHOOD OBESITY, AS WELL AS ADDRESS SOCIAL DETERMINANTS OF HEALTH. TRINITY HEALTH INVESTED $3.6 MILLION IN FISCAL YEAR 2018 IN TCI. IN FISCAL YEAR 2018, TRINITY HEALTH LAUNCHED THE GOOD SAMARITAN INITIATIVE (GSI) TO SUPPORT THE MOST VULNERABLE PATIENTS' SOCIAL AND ECONOMIC NEEDS IN OUR SYSTEM THROUGH INTEGRATING COMMUNITY HEALTH WORKERS AS PART OF CARE TEAMS ACROSS NINE MINISTRIES. TRINITY HEALTH INVESTED OVER $260,000 IN FISCAL YEAR 2018 IN GSI. ADDITIONALLY, TRINITY HEALTH INVESTED $500,000 IN ELEVEN GRANTS TO
SAINT JOSEPH REGIONAL MEDICAL
CENTER - PLYMOUTH CAMPUS, INC.  35-1142669

Part VI Supplemental Information (Continuation)

IMPROVE THE BUILT ENVIRONMENT ACROSS EIGHT MINISTRIES.

AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROMOTING WELLNESS AND DEVELOPING PROGRAMS SPECIFICALLY SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM AND ENVIRONMENTAL CHANGE. THE ORGANIZATION WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2018, TRINITY HEALTH INVESTED OVER $1.1 BILLION IN SUCH COMMUNITY BENEFITS.

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

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

IN