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

1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.

1b. 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:
   - Applied uniformly to all 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:
   - 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:
       - 100%
       - 150%
       - 200%
       - Other %
   - b. Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
       - 200%
       - 250%
       - 300%
       - 350%
       - 400%
       - Other %
   - c. If the organization used factors other than FPG in 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 a patient who was eligible for free or discounted care?

5. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   - a. Did the organization prepare a community benefit report during the tax year?
     - If "No," skip to question 6a.

7. **Financial Assistance and Certain Other Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</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>a. Financial Assistance at cost (from Worksheet 1)</td>
<td>1</td>
<td>4,938,898.12</td>
<td>4,938,898.12</td>
<td>1.54%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>3</td>
<td>65,450,754.51</td>
<td>53,830,708.64</td>
<td>11,620,046.87</td>
<td>3.62%</td>
<td></td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td>4</td>
<td>70,389,652.95</td>
<td>53,830,708.64</td>
<td>16,558,944.31</td>
<td>5.16%</td>
<td></td>
</tr>
<tr>
<td>d. Total Financial Assistance and Means-Tested Government Programs</td>
<td>4</td>
<td>70,389,652.95</td>
<td>53,830,708.64</td>
<td>16,558,944.31</td>
<td>5.16%</td>
<td></td>
</tr>
</tbody>
</table>

**Other Benefits**

| (e) Community health improvement services and community benefit operations (from Worksheet 4) | 8                                             | 93,088.12                      | 1,076,808.12                  | 286,137.12                  | 790,671.12                   | .25%                        |
| f. Health professions education (from Worksheet 5)        | 4                                             | 4,607,177.12                   | 3,227,798.12                  | 1,379,379.12               | .43%                        |
| g. Subsidized health services (from Worksheet 6)           | 9                                             | 48,707.12                      | 7,617,428.12                  | 3,702,915.12               | 3,914,513.12                | 1.22%                       |
| h. Research (from Worksheet 7)                             | 5                                             | 388,007.12                     | 5,000.12                      | 383,007.12                  | .12%                        |
| i. Cash and in-kind contributions for community benefit (from Worksheet 8) | 5                                             | 142,107.12                     | 84,979,072.12                 | 61,052,558.12              | 23,026,514.12               | 7.18%                       |

**Total Other Benefits**

| (j) Total, Other Benefits | 26                                             | 142,107.12                     | 84,979,072.12                 | 61,052,558.12              | 23,026,514.12               | 7.18%                       |
| (k) Total, Add lines 7d and 7 | 30                                             | 142,107.12                     | 84,979,072.12                 | 61,052,558.12              | 23,026,514.12               | 7.18%                       |
### 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.

<table>
<thead>
<tr>
<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 Physical improvements and housing</td>
<td>2</td>
<td>80,000.</td>
<td>80,000.</td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>2 Economic development</td>
<td>1</td>
<td>12,500.</td>
<td>12,500.</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>3 Community support</td>
<td>4</td>
<td>60,686.</td>
<td>60,686.</td>
<td>0.02%</td>
<td></td>
</tr>
<tr>
<td>4 Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Leadership development and training for community members</td>
<td>3</td>
<td>11,852.</td>
<td>11,852.</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>6 Coalition building</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Community health improvement advocacy</td>
<td>1</td>
<td>500.</td>
<td>100.</td>
<td>400.</td>
<td>0.00%</td>
</tr>
<tr>
<td>8 Workforce development</td>
<td>2</td>
<td>5,187.</td>
<td>5,187.</td>
<td>0.00%</td>
<td></td>
</tr>
<tr>
<td>9 Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Total</td>
<td>13</td>
<td>170,725.</td>
<td>100.</td>
<td>170,625.</td>
<td>0.04%</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?  
   - 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.  
   - 30,681,106.  

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.  
   - 0.  

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. 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:  
     - Cost accounting system  
     - Cost to charge ratio  
     - Other

#### Section C. Collection Practices

9a. Did the organization have a written debt collection policy during the tax year?  
   - 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  
   - 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, direct- ors, trustees, or key employees’ profit % or stock ownership %</th>
<th>(e) Physicians’ profit % or stock ownership %</th>
</tr>
</thead>
</table>

732092 11-28-17

Schedule H (Form 990) 2017

08420528 794151 9000 2017.05060 SAINT JOSEPH REGIONAL MEDIC 90001
## 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? 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)

<table>
<thead>
<tr>
<th>License hospital</th>
<th>Children's hospital</th>
<th>Critical access hospital</th>
<th>ER 24 hours</th>
<th>ER Other</th>
<th>Other (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 ST. JOSEPH REG MED CTR-SOUTH BEND CAMP
5215 HOLY CROSS PARKWAY
MISHAWAKA, IN 46544
WWW.SJMED.COM/MISHAWAKA-MEDICAL-CENTER
LICENSE #18-005012-1

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08420528 794151 9000

2017.05060 SAINT JOSEPH REGIONAL MEDIC 90001
**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

**SJRMC-SOUTH_BEND_CAMPUS**

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

<table>
<thead>
<tr>
<th>Line Number</th>
<th>Hospital Facility or Letter of Facility Reporting Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SJRMC-SOUTH_BEND_CAMPUS</td>
</tr>
</tbody>
</table>

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th>Line</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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 &quot;Yes,&quot; provide details of the acquisition in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;No,&quot; skip to line 12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; indicate what the CHNA report describes (check all that apply):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A definition of the community served by the hospital facility</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Demographics of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>How data was obtained</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>The significant health needs of the community</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>The process for consulting with persons representing the community's interests</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Indicate the tax year the hospital facility last conducted a CHNA:</td>
<td>20 17</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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 &quot;Yes,&quot; 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</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>Was the hospital facility’s CHNA conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b</td>
<td>Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If &quot;Yes,&quot; list the other organizations in Section C</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility make its CHNA report widely available to the public?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If &quot;No,&quot; skip to line 11</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Indicate the tax year the hospital facility last adopted an implementation strategy:</td>
<td>20 17</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is the hospital facility’s most recently adopted implementation strategy posted on a website?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Is the hospital facility’s most recently adopted implementation strategy attached to this return?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If &quot;Yes&quot; to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12c</td>
<td>If &quot;Yes&quot; 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?</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule H (Form 990) 2017**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Schedule H (Form 990) 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: **SJRMC-SOUTH BEND CAMPUS**

**Did the hospital facility have in place during the tax year a written financial assistance policy that:**

13. **Explain eligibility criteria for financial assistance, and whether such assistance included free or discounted care?**

   **If "Yes," indicate the eligibility criteria explained in the FAP:**

   a. **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%.

   b. Income level other than FPG (describe in Section C).

   c. Asset level

   d. Medical indigency

   e. Insurance status

   f. Underinsurance status

   g. Residency

   h. Other (describe in Section C)

14. **Explain the basis for calculating amounts charged to patients?**

15. **Explain 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):**

   a. Described the information the hospital facility may require an individual to provide as part of his or her application.

   b. Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application.

   c. Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process.

   d. Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications.

   e. 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):**

   a. The FAP was widely available on a website (list url): [HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE](http://www.sjmed.com/financial-assistance).

   b. The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8.

   c. A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8.

   d. The FAP was available upon request and without charge (in public locations in the hospital facility and by mail).

   e. The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail).

   f. 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. 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. Notified members of the community who are most likely to require financial assistance about availability of the FAP.

   i. The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations.

   j. Other (describe in Section C).
### Billing and Collections

<table>
<thead>
<tr>
<th>Name of hospital facility or letter of facility reporting group</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of hospital facility or letter of facility reporting group</strong></td>
<td>SJRMC-SOUTH BEND CAMPUS</td>
<td></td>
</tr>
</tbody>
</table>

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?

- **Yes**
- **No**

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:

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)
- 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?

- Reporting to credit agency(ies)
- Selling an individual’s debt to another party
- 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
- Actions that require a legal or judicial process
- Other similar actions (describe in Section C)

- **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:**

- **X** 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
- **X** Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- **X** Processed incomplete and complete FAP applications
- **X** Made presumptive eligibility determinations
- **Other** (describe in Section C)
- **None of these efforts were made**

20. 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?

- **Yes**
- **No**

- **Indicate why:**

- **X** The hospital facility did not provide care for any emergency medical conditions
- **The hospital facility’s policy was not in writing**
- **The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)**
- **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  **SJRMC-SOUTH BEND CAMPUS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- **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
- **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
- **d** 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### 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.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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.

SJRM-C - SOUTH BEND CAMPUS:

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

PART V, SECTION B, LINE 3E:

SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND (SJRM-C - SOUTH BEND)

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

SJRM-C - SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF AUGUST THROUGH NOVEMBER OF 2017, SURVEYS WERE USED TO GATHER INPUT FROM PEOPLE REPRESENTING THE COMMUNITY SERVED FOR THE RECENT CHNA. THE ONLINE METHODOLOGY WAS USED TO ENSURE A WIDE DISTRIBUTION OF THE SURVEY. THIS SURVEY WAS DELIVERED VIA INVITATION BASED ON A STRATIFIED RANDOM SAMPLING OF THE COMMUNITY-AT-LARGE.
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.

Using a third-party database. To ensure the survey sample reflected a wide variety of socioeconomic levels, age and race/ethnicity, the survey was offered to groups who were approached by community health and well-being staff and volunteers directly for their help with distributing the survey. These groups represented the medically underserved, minorities, low-income individuals, entrepreneur groups, health care workers, etc. The paper copy of the survey was also used with community groups to facilitate broad based representation of the elderly 65+ and underserved populations. The survey participants were asked a series of questions about topics critical to the health of the community. A total of 4,561 surveys were collected, 3,098 of which were for St. Joseph County.

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: young professionals, health educators, parks department employees, seniors, clinics, business leaders, veterans, and Latino community leaders. The focus groups were asked to discuss issues that had been identified as important by Saint Joseph Health System.

SJRMC-South Bend Campus:

Part V, Section B, Line 6A: The CHNA was conducted in collaboration with Saint Joseph Regional Medical Center - Plymouth Campus.

SJRMC-South Bend Campus:

Part V, Section B, Line 6B: The CHNA was conducted with the following...
COLLABORATING ORGANIZATIONS: ST. JOSEPH COUNTY HEALTH DEPARTMENT, OAKLAWN, LA CASA DE AMISTAD, MHIN, SCHOOL CITY OF MISHAWAKA, PENN-HARRIS-MADISON SCHOOLS, TRANSPO, NOTRE DAME CENTER, ENFOCUS, UNITED WAY OF ST. JOSEPH COUNTY, DR. ANGIE'S DENTAL HEALTH EXCHANGE, NORTHERN INDIANA FOOD BANK, AND UNITY GARDENS.

SJRMС-SOUTH BEND CAMPUS:

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

SJRMС-SOUTH BEND CAMPUS:

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 SJRMС-SOUTH BEND IN FY18. EFFORTS INCLUDED:

MENTAL HEALTH

SJRMС-SOUTH BEND SUPPORTED OAKLAWN MENTAL HEALTH AWARENESS WEEK, AS WELL AS PROMOTED SERVICES OFFERED AT THEIR FACILITIES. HEALTH AND WELLNESS EDUCATOR HOURS CONTINUED TO ADDRESS MULTIPLE CONCERNS FOR OUR LATINO COMMUNITY, INCLUDING MENTAL HEALTH.

TRANSPORTATION

SJRMС-SOUTH BEND PARTICIPATED IN LOCAL ALLIANCE AND SUBCOMMITTEE WHICH WILL ADDRESS TRANSPORTATION NEEDS FOR THE COUNTY. THE HOSPITAL
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.

COLLABORATES WITH HOPE MINISTRIES, TRANSPO AND OTHER AGENCIES TO ADDRESS
TRANSPORTATION TO DOCTOR APPOINTMENTS. SJRMC-SOUTH BEND ADDED TRANSPO BUS ROUTES TO OUR WEBSITE TO SHOW THEIR RELATIONSHIP TO OUR PHYSICIAN NETWORK OFFICES AND THEY WERE GIVEN EDUCATION AT HEALTH FAIRS.

PROVIDER ACCESS
SJRMC - SOUTH BEND PARTICIPATED IN LOCAL HEALTH ALLIANCE SUBCOMMITTEE ON DIABETES PREVENTION AND EDUCATION, STARTING DIABETES PREVENTION PROGRAM FOR LATINOS, EXPANDING WELLNESS INITIATIVE THIS COUNTS, SUPPORTING AND PROMOTING DR. ANGIE'S DENTAL HEALTH EXCHANGE PROGRAM- PAY IT FORWARD DENTAL PROGRAM, AND EXPANDING FOOD BANK HEALTHY FOODS PROGRAM.

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 ACCESS TO MENTAL HEALTH.

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

SJRMC-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS
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.

**ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION.**

**THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.**

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

**SJRM-SOUTH BEND CAMPUS**

**PART V, LINE 16B, FAP APPLICATION WEBSITE:**

**HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE**

**SJRM-SOUTH BEND CAMPUS**

**732098 11-28-17 Schedule H (Form 990) 2017 35-0868157 Page 8**
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

HTTP://WWW.SJMED.COM/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 7A:

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

ASSESSMENT-2018-1150

PART V, SECTION B, LINE 10A:

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

ASSESSMENT-2018-1150

SJRMC - SOUTH BEND - 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

How many non-hospital health care facilities did the organization operate during the tax year? 2

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>FAMILY MEDICINE CENTER</strong>&lt;br&gt;611 E. DOUGLAS RD., SUITE 407&lt;br&gt;MISHAWAKA, IN 46545</td>
<td>FAMILY HEALTH CENTER</td>
</tr>
<tr>
<td>2. <strong>SPORTS MEDICINE INSTITUTE</strong>&lt;br&gt;611 E. DOUGLAS RD., SUITE 137&lt;br&gt;MISHAWAKA, IN 46545</td>
<td>SPORTS MEDICINE CLINIC</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.

**PART I, LINE 3C:**

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

**PART I, LINE 6A:**

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

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

**PART I, LINE 7:**

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND
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, $30,681,106, REPRESENTS THE AMOUNT OF BAD DEBT EXPENSE INCLUDED IN TOTAL FUNCTIONAL EXPENSES IN FORM 990, PART IX, LINE 25. PER IRS INSTRUCTIONS, THIS AMOUNT WAS EXCLUDED FROM THE DENOMINATOR WHEN CALCULATING THE PERCENT OF TOTAL EXPENSE FOR SCHEDULE H, PART I, LINE 7, COLUMN (F).

PART II, COMMUNITY BUILDING ACTIVITIES:

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

OVER THE COURSE OF THE PAST YEAR, KEY CONTRIBUTIONS BY SJRMC-SOUTH BEND FOR COMMUNITY BUILDING RELATED ACTIVITIES INCLUDED:

PHYSICAL IMPROVEMENT - CONTRIBUTED TO:
- BETHEL COLLEGE

ECONOMIC DEVELOPMENT - CONTRIBUTED TO:
- NORTHEAST NEIGHBORHOOD REVITALIZATION ORGANIZATION
- SOUTH BEND REGIONAL CHAMBER OF COMMERCE
COMMUNITY SUPPORT DONATIONS TO:
- UNITY GARDENS
- LA CASA DE AMISTAD
- SAINT ADALBERT

LEADERSHIP DEVELOPMENT DONATIONS TO:
- ST JOSEPH HIGH SCHOOL

ADVOCACY DONATIONS TO:
- RIGHT TO LIFE ST JOSEPH COUNTY

WORKFORCE DEVELOPMENT DONATIONS TO:
- ST. VINCENT DE PAUL

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

PART III, LINE 4:


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:

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

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

PART 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-SOUTH BEND COMMUNICATES EFFECTIVELY WITH PATIENTS REGARDING PATIENT PAYMENT OBLIGATIONS. FINANCIAL COUNSELING IS PROVIDED TO PATIENTS ABOUT THEIR PAYMENT OBLIGATIONS AND HOSPITAL BILLS. INFORMATION ON HOSPITAL-BASED FINANCIAL SUPPORT POLICIES, 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.
SJRM-SOUTH BEND OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED PATIENTS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES/offices. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN 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.

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

PART VI, LINE 4:

COMMUNITY INFORMATION - SJRM-SOUTH BEND SERVES 898,867 PEOPLE IN A DIVERSE NINE COUNTY HEALTH SYSTEM MARKET AREA IN INDIANA AND MICHIGAN AT TWO HOSPITAL CAMPUSES, ONE IN MISHAWAKA AND ONE IN PLYMOUTH. THE PRIMARY SERVICE AREA INCLUDES ST. JOSEPH, MARSHALL, AND ELKHMART COUNTIES IN INDIANA, WHILE THE SECONDARY SERVICE AREA ENCOMPASSES FULTON, LA PORTE, PULASKI AND STARKE COUNTIES IN INDIANA, AS WELL AS BERRIEN AND CASS
COUNTIES IN MICHIGAN.

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

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

OTHER COMMUNITY HOSPITALS IN THE PRIMARY SERVICE AREA INCLUDE MEMORIAL HOSPITAL OF SOUTH BEND, ELKHART GENERAL HOSPITAL, AND GOSHEN HOSPITAL TO THE EAST, IN ELKHART COUNTY. HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA INCLUDE LA PORTE HOSPITAL AND FRANCISCAN SAINT ANTHONY TO THE WEST IN LA PORTE COUNTY, AND TO THE SOUTH, COMMUNITY HOSPITAL OF BREMEN, WOODLAWN HOSPITAL IN ROCHESTER, STARKE MEMORIAL IN STARKE COUNTY, AND PULASKI MEMORIAL IN WINamac.

TOTAL POPULATION FOR THE SYSTEM SERVICE AREA IS EXPECTED TO GROW 0.7% FROM 2018 THROUGH 2023. COMPARED TO THE STATE OF INDIANA, THE SERVICE AREA HAS A LOWER PROJECTED POPULATION GROWTH, A HIGHER MEDIAN AGE, AND A LOWER MEDIAN HOME-VALUE. THE NUMBER OF FEMALES OF CHILD-BEARING AGE IN THE SYSTEM SERVICE AREA IS PROJECTED TO INCREASE 0.6% DURING THE TIME PERIOD.

BOARDER STATES OHIO, MICHIGAN AND ILLINOIS ALL HAVE DECLINING NUMBERS OF
"FEMALES OF CHILD BEARING AGE 15-44". THE POPULATION AGED 65 AND OLDER REPRESENTS 16.8% OF THE TOTAL POPULATION AND IS EXPECTED TO INCREASE 13% OVER THE NEXT FIVE YEARS.

AVERAGE HOUSEHOLD INCOME FOR THE AREA IS $69,869; THIS REFLECTS AN INCREASE FROM PRIOR YEARS. MEDIAN HOUSEHOLD INCOME OF $50,386 IS BELOW THE RATE FOR THE STATES OF INDIANA, ILLINOIS, MICHIGAN AND OHIO, AS WELL AS THE U.S. TWENTY-TWO PERCENT OF THE POPULATION IN THE SYSTEM SERVICE AREA EARN AN ANNUAL SALARY $25,000 OR BELOW.

THE AUGUST 2018 UNEMPLOYMENT RATE IN THE SYSTEM SERVICE AREA WAS 3.7%, SOUTH BEND/MISHAWAKA MSA WAS 4.1%, THE ELKHART/GOSHEN MSA WAS 2.9%, AND PLYMOUTH WAS 3.5%. THE SOUTH BEND/MISHAWAKA MSA EXCEEDS THE INDIANA STATE WIDE RATE OF 3.7% BUT IS BELOW THE NATIONAL RATE OF 3.9%.

AN ESTIMATE OF THE UNINSURED IN THE SYSTEM SERVICE AREA RANGES FROM 14.7% IN ELKHART COUNTY, IN TO 7.6% IN BERRIEN COUNTY, MI. MARSHALL COUNTY IS HIGH AT 13.6%, AND ST. JOSEPH COUNTY IS IN THE MIDDLE OF THE SERVICE AREA COUNTIES AT 10.4%. THIS IS COMPARED TO AN INDIANA RATE OF 9.5% AND A MICHIGAN RATE OF 6.4%. [U.S. CENSUS BUREAU/SMA HEALTH INSURANCE (SAHIE) PROGRAM/MARCH 2016]

THE TARGETED SERVICE AREA INCLUDES SEVERAL MEDICALLY UNDERSERVED AREAS (MUA) AND MEDICALLY UNDERSERVED POPULATIONS (MUP). IN INDIANA, THESE INCLUDE PORTIONS OF ELKHART COUNTY, LA PORTE COUNTY, AND ST. JOSEPH COUNTY. IN MICHIGAN, THEY INCLUDE PORTIONS OF BERRIEN COUNTY, CASS COUNTY, AND ST. JOSEPH COUNTY.
THERE ARE ALSO THREE CRITICAL ACCESS HOSPITALS (CAH)—COMMUNITY HOSPITAL
OF BREMEN, PULASKI MEMORIAL HOSPITAL, AND WOODLAWN HOSPITAL, AT WHICH
PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT
PRIMARY CARE SERVICES.

IN THE STATE OF INDIANA, ACCORDING TO THE U.S. CENSUS BUREAU’S SMALL AREA
INCOME AND POVERTY ESTIMATES (SAIPE), IN 2016 14% OF FAMILIES LIVED IN
POVERTY, DOWN FROM 15.5% IN 2013. THE STATE OF MICHIGAN’S PERCENTAGE WAS
HIGHER AT 14.9%, ALSO DOWN FROM 17.4% IN 2013. SJRMC—SOUTH BEND SERVES A
LARGE MEDICAID POPULATION ACROSS MANY DELIVERY SITES, MOST OF WHICH ARE
LOCATED IN ST. JOSEPH COUNTY, WHICH HAD A POVERTY RATE OF 16.2% IN 2016.
[U.S. CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE)
PROGRAM, DECEMBER 2016]

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

AS IN MOST MIDWESTERN COMMUNITIES, THE SERVICE AREA POPULATION IS LARGELY
MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT.
HOWEVER, THE REGION OF NORTHERN INDIANA AND SOUTHWESTERN MICHIGAN HAS SEEN
AN INCREASE IN THE HISPANIC POPULATION OVER THE PAST TEN YEARS. THE
REPRESENTATION OF HISPANIC POPULATION IN THIS AREA IS 9.3% AS COMPARED TO
18.2% NATION-WIDE; HOWEVER, THIS IS LIKELY TO BE UNDERSTATED.

ALL COUNTIES IN THE REGION HAVE HIGHER SMOKING RATES, A SIGNIFICANTLY
HIGHER ADULT OBESITY RATE, AND HIGHER ALCOHOL CONSUMPTION THAN THE U.S.
BENCHMARK. UNFORTUNATELY, WITH FEW EXCEPTIONS, THE DEATH RATES FROM CHRONIC CONDITIONS SUCH AS HEART DISEASE, CANCER, STROKE AND DIABETES IN THE SERVICE AREA ARE HIGHER THAN THE STATES OF INDIANA OR MICHIGAN. THE POPULATION HAS A LOWER INCOME AND IS LESS EDUCATED, ON AVERAGE, THAN THE NATION, THE STATE OF INDIANA OR MICHIGAN. INDIANA RANKS 8TH LOWEST IN HIGHER EDUCATION LEVELS IN THE U.S. THIS EQUATES WITH A HIGHER PERCENTAGE OF CHILDREN IN POVERTY AND A LOWER HOUSEHOLD INCOME THAN STATE AVERAGES IN MOST OF THE SERVICE AREA.

PART VI, LINE 5:
OTHER INFORMATION - SJRMC-SOUTH BEND EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS. BY DOING SO, IT IS ABLE TO ENSURE THAT HIGH QUALITY AND EASILY ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SPECIALTY CARE AREAS.

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

WHILE NOT CONSIDERED "THE" TRAUMA CENTER FOR THE AREAS IT SERVES,
SAINT JOSEPH REGIONAL MEDICAL CENTER—SOUTH BEND CAMPUS, INC. 35-0868157

**Schedule H (Form 990)**

**Part VI Supplemental Information (Continuation)**

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

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

SJRM-C-SOUTH BEND IS CERTIFIED WITH A "BABY-FRIENDLY STATUS". BABY-FRIENDLY HOSPITALS ARE HOSPITALS THAT ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS, CHILDREN, AND MOTHERS.

SJRM-C-SOUTH BEND PARTICIPATES IN MEDICARE, MEDICAID, CHAMPUS/TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND OFFERS CHARITY CARE AND CARE ON A SLIDING FEE SCALE. IN KEEPING WITH ITS MISSION STATEMENT AND VALUES, SJRM-C-SOUTH BEND ASSURES UNINSURED PATIENTS THAT THEY RECEIVE THE SAME HIGH QUALITY MEDICAL CARE AS THOSE WHO HAVE THE ABILITY TO PAY.

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

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

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

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

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

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

SJRMC-SOUTH BEND PROVIDED IN-KIND DONATIONS TO MANY AGENCIES, LUNCHES TO HOPE MINISTRIES, AND PRINTING SERVICES FOR LOCAL NON-PROFIT AGENCIES.

SJRMC-SOUTH BEND MADE SIGNIFICANT CONTRIBUTIONS TO THE DIOCESE OF FORT WAYNE/SOUTH BEND, CENTER FOR THE HOMELESS, UNITED WAY, AMERICAN HEART ASSOCIATION, UNIVERSITY OF NOTRE DAME, WOMEN'S CARE CENTER, REAL SERVICES, HANNAH'S HOUSE (HOME FOR PREGNANT WOMEN), AND THE IU SCHOOL OF MEDICINE.

PART VI, LINE 6:

SJRMC-SOUTH BEND IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER 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 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

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