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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Did the organization have a financial assistance policy during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>1b If &quot;Yes,&quot; was it a written policy?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2 Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate which of the following was the FPG family income limit for eligibility for free care:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization use FPG as a factor in determining eligibility for providing discounted care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; indicate which of the following was the family income limit for eligibility for discounted care:</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>200%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>300%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>350%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>400%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the organization use factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the &quot;medically indigent&quot;?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; did the organization's financial assistance expenses exceed the budgeted amount?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did the organization prepare a community benefit report during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; did the organization make it available to the public?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

#### 7 Financial Assistance and Certain Other Community Benefits at Cost

<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></td>
<td>3508809.</td>
<td>3508809.</td>
<td>.98%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid (from Worksheet 3, column a)</td>
<td></td>
<td>77296696.54673475.9263221.</td>
<td>6.30%</td>
<td></td>
<td></td>
<td></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></td>
<td>80805505.54673475.26132030.</td>
<td>7.28%</td>
<td></td>
<td></td>
<td></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>7</td>
<td>129,116</td>
<td>1242098.</td>
<td>299,067</td>
<td>943,031</td>
<td>.26%</td>
</tr>
<tr>
<td>Health professions education</td>
<td>5</td>
<td>80</td>
<td>6990480.</td>
<td>3013883</td>
<td>3976597</td>
<td>1.11%</td>
</tr>
<tr>
<td>Subsidized health services (from Worksheet 5)</td>
<td>9</td>
<td>50,520</td>
<td>4629501.</td>
<td>2405231</td>
<td>2224270</td>
<td>.62%</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>6</td>
<td>159,861</td>
<td>414,424.</td>
<td>65,000</td>
<td>349,424</td>
<td>.10%</td>
</tr>
<tr>
<td>Total Other Benefits</td>
<td>27</td>
<td>339,577</td>
<td>1327650</td>
<td>5783181</td>
<td>7493322</td>
<td>2.09%</td>
</tr>
<tr>
<td>Add lines 7d and 7e</td>
<td>27</td>
<td>339,577</td>
<td>4082008.</td>
<td>6045656</td>
<td>33625352</td>
<td>9.37%</td>
</tr>
</tbody>
</table>
### 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></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>1</td>
<td>313.</td>
<td>313.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td>2</td>
<td>4,454.</td>
<td>4,454.</td>
<td>.00%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>4,767.</td>
<td>4,767.</td>
<td>.00%</td>
<td></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
   - 20,179,305.

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)
   - 71,907,646.

6. Enter Medicare allowable costs of care relating to payments on line 5
   - 83,766,638.

7. Subtract line 6 from line 5. This is the surplus (or shortfall)
   - -11,858,992.

8. Describe in Part VI the extent to which any shortfall reported on 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></th>
<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</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>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)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ST. JOSEPH REG MED CTR-SOUTH BEND CAMP</td>
</tr>
<tr>
<td>5215 HOLY CROSS PARKWAY</td>
</tr>
<tr>
<td>MISHAWAKA, IN 46544</td>
</tr>
<tr>
<td><a href="http://WWW.SJMED.COM/MISHAWAKA-MEDICAL-CENTER">WWW.SJMED.COM/MISHAWAKA-MEDICAL-CENTER</a></td>
</tr>
<tr>
<td>LICENSE #22-005012-1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>Research facility</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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facility reporting group: 032093 12-02-20
Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group  
SJRMCSOUTH_BEND_CAMPUS

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

Community Health Needs Assessment

1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 
X

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 
X

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 
X

If "Yes," indicate what the CHNA report describes (check all that apply):

a 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: 
2020

5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted 
X

6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C 
X

b Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C 
X

7 Did the hospital facility make its CHNA report widely available to the public? 
X

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

a X Hospital facility’s website (list url): WWW.SJMED.COM/CHNA2020
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 
X

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 
2020

10 Is the hospital facility’s most recently adopted implementation strategy posted on a website? 
X

a If "Yes," (list url): WWW.SJMED.COM/CHNA2020
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(m)(3)? 
X

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? 

12b 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? 

Schedule H (Form 990) 2020

36

032064 12-02-20

07250412 794151 9000

2020.05093 SAINT JOSEPH REGIONAL MED 9000___1
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 Explaned 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 [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 %
   b [ ] Income level other than FPG (describe in Section C)
   c [X] Asset level
   d [X] Medical indigency
   e [X] Insurance status
   f [X] Underinsurance status
   g [X] Residency
   h [X] 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):
   a [X] Described the information the hospital facility may require an individual to provide as part of his or her application
   b [X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application
   c [X] 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 [X] The FAP was widely available on a website (list url): SEE PART V, PAGE 8
   b [X] The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8
   c [X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8
   d [X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
   e [X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
   f [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)
   g [X] 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 [X] Notified members of the community who are most likely to require financial assistance about availability of the FAP
   i [X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations
   j [ ] Other (describe in Section C)
Name of hospital facility or letter of facility reporting group: SJRMC-SOUTH BEND CAMPUS

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:

a. Reporting to credit agency(ies)  
   _________________________________  
   b. Selling an individual’s debt to another party  
   _________________________________  
   c. Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP  
   _________________________________  
   d. Actions that require a legal or judicial process  
   _________________________________  
   e. Other similar actions (describe in Section C)  
   _________________________________  
   f. None of these actions or other similar actions were permitted  
   _________________________________  

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual’s eligibility under the facility’s FAP? 

If “Yes,” check all actions in which the hospital facility or a third party engaged:

a. Reporting to credit agency(ies)  
   _________________________________  
   b. Selling an individual’s debt to another party  
   _________________________________  
   c. Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility’s FAP  
   _________________________________  
   d. Actions that require a legal or judicial process  
   _________________________________  
   e. Other similar actions (describe in Section C)  
   _________________________________  

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

a. 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 (if not, describe in Section C)  
   _________________________________  
   b. Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  
   _________________________________  
   c. Processed incomplete and complete FAP applications (if not, describe in Section C)  
   _________________________________  
   d. Made presumptive eligibility determinations (if not, describe in Section C)  
   _________________________________  
   e. Other (describe in Section C)  
   _________________________________  
   f. None of these efforts were made  
   _________________________________  

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility’s financial assistance policy? 

Yes ________ No ________

If "No," indicate why:

a. The hospital facility did not provide care for any emergency medical conditions  
   _________________________________  
   b. The hospital facility’s policy was not in writing  
   _________________________________  
   c. The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
   _________________________________  
   d. Other (describe in Section C)  
   _________________________________
### 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><strong>22</strong></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>□ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>□ 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>
<td></td>
</tr>
<tr>
<td>c</td>
<td>□ 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>
<td></td>
</tr>
<tr>
<td>d</td>
<td>□ The hospital facility used a prospective Medicare or Medicaid method</td>
<td></td>
</tr>
</tbody>
</table>

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.
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, 18a, 19e, 20a, 20b, 20c, 20d, 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 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA.

THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO MENTAL HEALTH CARE
2. IMPROVE NUTRITION AND EATING HABITS
3. ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.)
4. ACCESS/AFFORDABILITY OF MEDICATION
5. INCREASE PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS

SJRM C-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF AUGUST THROUGH NOVEMBER OF 2020, SURVEYS WERE USED TO GATHER INPUT FOR THE CHNA FROM PEOPLE REPRESENTING THE COMMUNITY SERVED BY THE HOSPITAL. SURVEYS WERE DISTRIBUTED IN ONLINE AND PRINTED FORMATS IN BOTH ENGLISH AND SPANISH, WHICH ENSURE A WIDE DISTRIBUTION OF THE SURVEY. THIS SURVEY WAS DELIVERED VIA INVITATION BASED ON A STRATIFIED RANDOM SAMPLING OF THE
COMMUNITY-AT-LARGE USING A THIRD-PARTY DATABASE.

TO ENSURE THE SURVEY SAMPLE REFLECTED A WIDE VARIETY OF SOCIOECONOMIC LEVELS, AGE AND RACE/ETHNICITY, IT WAS OFFERED TO COMMUNITY GROUPS VIA ORGANIZATIONS SUCH AS LA CASA DE AMISTAD, THE CENTER FOR THE HOMELESS, UNITED WAY OF ST. JOSEPH COUNTY, AND AT LOCAL FOOD PANTRIES. THESE GROUPS REPRESENT THE MEDICALLY UNDERSERVED, MINORITIES, LOW-INCOME INDIVIDUALS, ENTREPRENEUR GROUPS, HEALTH CARE WORKERS, ETC. THE COVID-19 PANDEMIC PREVENTED THE USE OF COMMUNITY EVENTS TO REACH MORE SURVEY PARTICIPANTS OR TO GAIN ADDITIONAL INSIGHT FROM INDIVIDUALS AS WAS DONE IN THE PAST. THIS RESULTED IN A LOWER SURVEY VOLUME THAN WAS SEEN IN PREVIOUS YEARS. THE PRINTED COPY OF THE SURVEY WAS ALSO USED WITH COMMUNITY GROUPS TO FACILITATE BROAD-BASED REPRESENTATION OF THE SENIOR 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 2,683 SURVEYS WERE COLLECTED, 1,402 OF WHICH WERE FOR ST. JOSEPH COUNTY.

COMMUNITY HEALTH ADVISORY COMMITTEE MET ON FEBRUARY 26, 2021 TO DISCUSS HOW TO IMPROVE THE TOP FIVE IDENTIFIED 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.

SAINT JOSEPH HEALTH SYSTEM (SJHS) COMPLETED A COMPREHENSIVE CHNA THAT WAS ADOPTED BY THE BOARD OF DIRECTORS ON MAY 28, 2021. SJHS PERFORMED THE CHNA.
IN COMPLIANCE WITH FEDERAL REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS SET FORTH IN THE AFFORDABLE CARE ACT AND BY THE INTERNAL REVENUE SERVICE. THE ASSESSMENT TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY, COMMUNITY MEMBERS, AND VARIOUS COMMUNITY ORGANIZATIONS.

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: BETHEL UNIVERSITY, BOYS AND GIRLS CLUBS OF ST. JOSEPH COUNTY, BOYS AND GIRLS CLUBS OF MARSHALL COUNTY, BOWEN CENTER, FOOD BANK OF NORTHERN INDIANA, INDIANA HEALTH INFORMATION EXCHANGE, LA CASA DE AMISTAD, MISHAWAKA PARKS DEPARTMENT, MARSHALL COUNTY BOARD OF HEALTH, MARSHALL COUNTY COUNCIL ON AGING, MARSHALL COUNTY NEIGHBORHOOD CENTER, OAKLAWN PSYCHIATRIC CENTER, PLYMOUTH SCHOOL BOARD, POOR HANDMAIDS, PURDUE EXTENSION, ST. JOSEPH COUNTY HEALTH DEPARTMENT, UNITED RELIGIOUS COMMUNITY OF ST. JOSEPH COUNTY, UNITY GARDENS, UNITED WAY OF MARSHALL COUNTY, UNITED WAY OF ST. JOSEPH COUNTY, AND UNIVERSITY OF NOTRE DAME.

SJRMC-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.
SJRMCSOUTH BEND CAMPUS:

PART V, SECTION B, LINE 11: ON SEPTEMBER 15, 2021, THE BOARD APPROVED THE 2022 THROUGH 2024 THREE-YEAR IMPLEMENTATION STRATEGY BASED ON THE MAY 2021 CHNA. THE PLAN WAS DEVELOPED TO ADDRESS THE TOP FOUR OF FIVE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA: ACCESS TO MENTAL HEALTH CARE, IMPROVE NUTRITION AND EATING HABITS, ACCESS TO WELLNESS RESOURCES, AND INCREASE PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS. SIGNIFICANT NEEDS 'IMPROVE NUTRITION AND EATING HABITS' AND 'ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS, ETC.)' HAVE BEEN COMBINED INTO ONE IMPLEMENTATION STRATEGY CATEGORY DUE TO THEIR SIMILAR NATURE.

ACTIVITIES CARRIED OUT TO ADDRESS THE NEEDS IN FY21 INCLUDED:

TO IMPROVE ACCESS TO MENTAL HEALTH, HEALTH AND WELLNESS EDUCATOR HOURS CONTINUED TO ADDRESS MULTIPLE CONCERNS FOR OUR LATINO COMMUNITY, INCLUDING MENTAL HEALTH AS IT RELATES TO THE PHYSICAL FEAR OF CONTRACTING THE COVID-19 VIRUS, THE RAMIFICATIONS OF ONE OF THEIR FRIENDS AND FAMILY MEMBERS CONTRACTING IT, AND THE STRESS ASSOCIATED WITH THE DECREASED SOCIAL CONNECTIONS AND CONCERNS FOR SAFETY DUE TO THE PANDEMIC.

TO IMPROVE NUTRITION AND EATING HABITS AND ACCESS TO WELLNESS RESOURCES, SJRMCSOUTH BEND CONTINUED TO PROVIDE SUPPORT TO AND PROMOTION OF UNITY GARDENS SITES, GREENHOUSE, KITCHEN/EDUCATION CENTER, AND COOKING CLASSES. UNITY GARDENS UNVEILED THEIR NEW OUTDOOR KITCHEN AND DEBUTED THEIR EDGY-VEGGIE (MOBILE EDUCATION) VEHICLE, BOTH DEVELOPED IN PARTNERSHIP WITH
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, 13a, 13b, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (“A, 1,” “A, 4,” “B, 2,” “B, 3,” etc.) and name of hospital facility.

SJRMC–SOUTH BEND.

DIABETES PREVENTION PROGRAM (DPP) CLASSES CONTINUED FOR COUNTY MEMBERS IN AN ONLINE FORMAT IN BOTH ENGLISH AND SPANISH, AND WAS EXPANDED TO VETERANS, VULNERABLE POPULATIONS, AND SJHS COLLEAGUES. FOOD INSECURITY WAS ADDRESSED BY BRINGING FRESH PRODUCE TO OUR SERVICE AREA THROUGH MOBILE FOOD PANTRIES, IN COLLABORATION WITH UNITED WAY AND THE NORTHERN FOOD BANK OF INDIANA. SUPPORT FOR THE HEALTH AND WELLNESS EFFORTS OF THE LATINO COMMUNITY WAS ADDRESSED THROUGH A COMMUNITY FLU SHOT CLINIC AT LA CASA DE AMISTAD AND THE PROVISION OF RESOURCES SPECIFIC TO COVID-19 SYMPTOMS, TESTING, AND MASKS BY OUR LATINO OUTREACH COORDINATOR. TOBACCO RISK ASSESSMENTS WERE ALSO ADMINISTERED DURING COVID-19 FOLLOW-UP CALLS MADE BY STAFF TO COMMUNITY MEMBERS, AND QUIT LINE NUMBER DISTRIBUTION AND INVITATIONS TO JOIN A VIRTUAL CESSATION CLASS WERE EXTENDED TO THOSE WHO QUALIFIED.

TO ACHIEVE INCREASED PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS, SJRMC–SOUTH BEND PARTNERED WITH SAINT JOSEPH REGIONAL MEDICAL CENTER–PLYMOUTH TO ENGAGE 24 MISHAWAKA, PLYMOUTH AND DIOCESE OF FORT WAYNE/SOUTH BEND SCHOOLS IN SAINT JOSEPH AND MARSHALL COUNTIES IN A WELLNESS CHALLENGE; 857 KIDS PARTICIPATED AND ACHIEVED AN AVERAGE OF 1,547 EXTRA MINUTES OF ACTIVITY DURING THE MONTH OF FEBRUARY.

SJRMC–SOUTH BEND DID NOT DIRECTLY ADDRESS ACCESS/AFFORDABILITY OF MEDICATION DUE TO COMPETING PRIORITIES. THE NEED FOR AFFORDABLE MEDICATION IS ALREADY BEING ADDRESSED AT SISTER MAURA BRANNICK HEALTH CENTER, A LOW-COST HEALTH CLINIC IN ST. JOSEPH COUNTY OPERATED BY THE
HOSPITAL. THIS CENTER PROVIDES PRIMARY HEALTH CARE SERVICES AND MEDICATION TO INDIVIDUALS WITHOUT HEALTH INSURANCE WHO FALL BELOW 200% OF THE FEDERALLY DESIGNATED POVERTY LEVEL. THIS HEALTH CENTER ADDRESSES PREVENTION OF DISEASE AND ILLNESS AND FOCUSES ON THE OVERALL HEALTH AND WELL-BEING OF EACH PATIENT. IN ADDITION TO PRIMARY, PREVENTATIVE HEALTH CARE SERVICES, THE CLINIC OFFERS SPECIALTY CARE PROVIDED TO OUR PATIENTS BY VOLUNTEER PHYSICIANS.

SJRMC-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF 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
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, 20a, 20b, 20c, 20d, 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.

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 PATIENS.

SJRMC-SOUTH BEND CAMPUS

PART V, LINE 16A, FAP WEBSITE:
WWW.SJMED.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

SJRMC-SOUTH BEND CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:
WWW.SJMED.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

SJRMC-SOUTH BEND CAMPUS

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:
WWW.SJMED.COM/FOR-PATIENTS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

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.
How many non-hospital health care facilities did the organization operate during the tax year? 1

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SPORTS MEDICINE INSTITUTE</td>
<td>SPORTS MEDICINE CLINIC</td>
</tr>
<tr>
<td>611 E. DOUGLAS RD., SUITE 137</td>
<td></td>
</tr>
<tr>
<td>MISHAWAKA, IN 46545</td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2020
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-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.

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**PART I, LINE 7:**

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.

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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, $20,179,305, 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 I, LINE 5A:
DURING FY21, DUE TO THE COVID-19 PANDEMIC, THE HOSPITAL SUSPENDED ITS TRADITIONAL ANNUAL BUDGET PROCESS AND USED A QUARTERLY PROCESS TO PLAN FOR FREE AND DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICY. THIS CHANGE IN PROCESS DID NOT ALLOW THE HOSPITAL TO BUDGET FOR FINANCIAL ASSISTANCE EXPENSES ON AN ANNUAL BASIS. THE HOSPITAL IMPLEMENTED A NEW ROLLING FORECAST METHOD FOR FINANCIAL PLANNING IN FY22. THE ROLLING FORECAST WILL FACILITATE CONTINUOUS PLANNING, PERFORMANCE ASSESSMENT AND ACCOUNTABILITY.

PART II, COMMUNITY BUILDING ACTIVITIES:
ALL OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS THAT SJRMC-SOUTH BEND SUPPORTED ACT TO PROVIDE ASSISTANCE TO LOW-INCOME OR VULNERABLE POPULATIONS OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE
POPPULATIONS.

OVER THE COURSE OF THE PAST YEAR, KEY CONTRIBUTIONS BY SJRMC-SOUTH BEND FOR COMMUNITY BUILDING RELATED ACTIVITIES INCLUDED: COMMUNITY SUPPORT DONATIONS MADE TO FOREVER LEARNING INSTITUTE TO IMPROVE THE QUALITY AND DIGNITY OF SENIOR ADULT LIFE THROUGH CONTINUING EDUCATION CLASSES OFFERED TO SENIORS TO EXPAND THEIR KNOWLEDGE AND MOBILIZE THEM IN SERVING THEIR COMMUNITY; TO LA CASA DE AMISTAD TO CONTINUE SERVING THE NEEDS OF LATINO IMMIGRANTS AND RESIDENTS OF THE AREA BY PROVIDING EDUCATIONAL, CULTURAL, AND ADVOCACY SERVICES IN A WELCOMING, BILINGUAL ENVIRONMENT; AND TO REBUILDING TOGETHER TO CONTINUE THE WORK THEY DO TOWARDS HELPING PEOPLE REPAIR AND MODIFY THEIR HOMES TO MAKE THEM SAFER AND HEALTHIER.

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:

SJRMC-SOUTH BEND IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF
TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE PATIENT ACCOUNTS
RECEIVABLE, ESTIMATED RECEIVABLES FROM AND PAYABLES TO THIRD-PARTY PAYERS
FOOTNOTE FROM PAGE 13 OF THOSE STATEMENTS: "AN UNCONDITIONAL RIGHT TO
PAYMENT, SUBJECT ONLY TO THE PASSAGE OF TIME IS TREATED AS A RECEIVABLE.
PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED
ACCOUNTS FOR WHICH THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, AND
ESTIMATED AMOUNTS DUE FROM THIRD-PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS,
ARE RECEIVABLES IF THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY
THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS
DUE. FOR PATIENT ACCOUNTS RECEIVABLE, THE ESTIMATED UNCOLLECTABLE AMOUNTS
ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE A DIRECT
REDUCTION TO PATIENT SERVICE REVENUE AND ACCOUNTS RECEIVABLE.

THE CORPORATION HAS AGREEMENTS WITH THIRD-PARTY PAYERS THAT PROVIDE FOR
PAYMENTS TO THE CORPORATION’S HEALTH MINISTRIES AT AMOUNTS DIFFERENT FROM
ESTABLISHED RATES. ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT
AGreements WITH THIRD-PARTY PAYERS AND OTHER CHANGES IN ESTIMATES ARE
INCLUDED IN NET PATIENT SERVICE REVENUE AND ESTIMATED RECEIVABLES FROM AND
PAYABLES TO THIRD-PARTY PAYERS. RETROACTIVE ADJUSTMENTS ARE ACCRUED ON AN
ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND
ADJUSTED IN FUTURE PERIODS, AS FINAL SETTLEMENTS ARE DETERMINED."

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:

NEEDS ASSESSMENT - SJRMC-SOUTH BEND ASSESSES THE HEALTH STATUS OF ITS COMMUNITY, IN PARTNERSHIP WITH COMMUNITY COALITIONS, AS PART OF THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL COMMUNITY. TO ASSESS THE HEALTH OF THE COMMUNITY, THE HOSPITAL MAY USE PATIENT DATA, PUBLIC HEALTH DATA, ANNUAL COUNTY HEALTH RANKINGS, MARKET STUDIES, AND GEOGRAPHICAL MAPS SHOWING AREAS OF HIGH UTILIZATION FOR EMERGENCY SERVICES AND INPATIENT CARE, WHICH MAY INDICATE POPULATIONS OF INDIVIDUALS WHO DO NOT HAVE ACCESS TO PREVENTATIVE SERVICES OR ARE UNINSURED. TO INVESTIGATE NEW HEALTH TRENDS, QUESTIONS REGARDING COVID-19 WERE ADDED TO THE ASSESSMENT CONDUCTED IN FY21 TO GAUGE THE PANDEMIC'S IMPACT ON COMMUNITY MEMBERS. DATA GATHERED ON THIS TOPIC ALSO GUIDED SJRMC-SOUTH BEND AS IT BEGAN VACCINATING THE COMMUNITY AND ENGAGING IN VACCINATION CAMPAIGNS AND EDUCATION.

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

Schedule H (Form 990)
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-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.

SJRMC-SOUTH BEND HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SJRMC-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 - SJRMC-SOUTH BEND SERVES APPROXIMATELY 903,000
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 ELKHART
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.

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

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 NORTHWEST HEALTH LA PORTE HOSPITAL AND SAINT ANTHONY'S
HOSPITAL TO THE WEST IN LA PORTE COUNTY, AND TO THE SOUTH, NORTHWEST
HEALTH IN STARKE COUNTY AS WELL AS THREE CRITICAL ACCESS HOSPITALS
(COMMUNITY HOSPITAL OF BREMEN, PULASKI MEMORIAL IN WINamac, AND WOODLAWN
HOSPITAL IN ROCHESTER) AT WHICH PRIMARY CARE PROFESSIONALS WITH
PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY CARE SERVICES.

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

AS IN MOST MIDWESTERN COMMUNITIES, THE SERVICE AREA POPULATION IS LARGELY
MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT.

MANY OF ST. JOSEPH COUNTY'S POPULATION DEMOGRAPHICS MIRROR THE
DEMOGRAPHICS OF INDIANA. OVERALL, ST. JOSEPH COUNTY IS SLIGHTLY YOUNGER
FROM THE PERSPECTIVE OF MEDIAN AGE AND OVERALL POPULATION. ST. JOSEPH
COUNTY IS ALSO HOME TO A SLIGHTLY MORE DIVERSE POPULATION THAN THE STATE
AS A WHOLE, AS IT HAS HIGHER PERCENTAGES OF AFRICAN AMERICAN RESIDENTS,
13% VERSUS 9% STATE-WIDE, AND HISPANIC RESIDENTS, 9% VERSUS 8% STATE-WIDE.

THE TOTAL POPULATION FOR THE SYSTEM SERVICE AREA IS EXPECTED TO GROW 1%
THROUGH 2025. COMPARED TO THE STATE OF INDIANA, THERE IS A LOWER PROJECTED
POPULATION GROWTH, A HIGHER MEDIAN AGE, AND A LOWER PERCENTAGE OF PEOPLE
WITH A BACHELOR'S DEGREE OR HIGHER. THE POPULATION AGED 65 AND OLDER IS
EXPECTED TO GROW FROM 18% TO 19.6% OVER THE NEXT FIVE YEARS.

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.

APPROXIMATELY 20% OF THE POPULATION WITHIN THE SYSTEM'S SERVICE AREA EARNs
AN ANNUAL SALARY OF $25,000 OR BELOW. HOUSEHOLD INCOME IS FAIRLY STABLE
ACROSS THE PRIMARY SERVICE AREA, WITH AREAS OF HIGHEST AFFLUENCE IN THE
GRANGER ZIP CODE AND PORTIONS OF ELKHART COUNTY. THE MEDIAN HOUSEHOLD
INCOME IS $60,705 FOR ST. JOSEPH COUNTY AND $59,672 FOR MARSHALL COUNTY.
THIS IS BELOW THE MEDIAN FOR INDIANA, ILLINOIS, MICHIGAN AND OHIO, AS WELL
AS FOR THE U.S.
IN THE STATE OF INDIANA, ACCORDING TO THE U.S. CENSUS BUREAU'S SMALL AREA
INCOME AND POVERTY ESTIMATES (SAIPE), 12% OF FAMILIES LIVED IN POVERTY IN
2018. THIS IS DOWN FROM 14% IN 2016, AND 15% IN 2013. SJHS SERVES A LARGE
MEDICAID POPULATION ACROSS MANY DELIVERY SITES, MOST OF WHOM ARE LOCATED
IN ST. JOSEPH COUNTY. THE INPATIENT MEDICAID POPULATION SERVED BY
MISHAWAKA MEDICAL CENTER EQUALS 14% OF THE HOSPITAL'S TOTAL OVERALL. [U.S.
CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE) PROGRAM,
DECEMBER 2018]

ESTIMATES OF UNINSURED INDIVIDUALS ARE 10.3% IN ST. JOSEPH COUNTY AND
12.7% IN MARSHALL COUNTY, TOTALING AROUND 27,268 INDIVIDUALS COMBINED.
THIS IS COMPARED TO AN INDIANA RATE OF 9.7%. [U.S. CENSUS BUREAU/SMALL
AREA HEALTH INSURANCE (SAHIE) PROGRAM/MARCH 2018]

AS OF DECEMBER 2020, THE UNEMPLOYMENT RATE WAS 5% IN ST. JOSEPH COUNTY,
WHICH WAS SLIGHTLY HIGHER THAN THE INDIANA RATE OF 4%, BUT LOWER THAN THE
NATIONAL AVERAGE OF 6.5%. EDUCATION, HEALTH CARE, AND GOVERNMENT ARE THE
MAJOR EMPLOYERS IN THIS LOCAL ECONOMY. IN MARSHALL COUNTY, THE
UNEMPLOYMENT RATE WAS 3.4%, WHICH WAS SLIGHTLY LOWER THAN THE INDIANA RATE
AND LOWER THAN THE NATIONAL AVERAGE. HEALTH CARE, MANUFACTURING, SERVICE
AND FARMING ARE THE MAJOR EMPLOYERS IN THE LOCAL ECONOMY.

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.

SJRMC-SOUTH BEND AND PLYMOUTH ARE THE LEAD AGENCIES FOR LOCAL TOBACCO CONTROL IN OUR COUNTIES. IN ST. JOSEPH COUNTY, THROUGH OUR LOCAL TOBACCO CONTROL COALITION, SMOKE FREE ST. JOE, WE ADVOCATED AGAINST TWO CHALLENGES TO THE LOCAL CITY OF SOUTH BEND CLEAN AIR ORDINANCE. OPPOSITION WANTED TO REMOVE THE EXEMPTION OF CIGAR BARS TO MAKE WAY FOR THE OPENING OF A CIGAR BAR ESTABLISHMENT IN DOWNTOWN SOUTH BEND. THROUGH SMOKE FREE ST. JOE, WE WERE ABLE TO PROVIDE SUPPORT TO THE COALITION THROUGH SIGNING PETITIONS AND WRITING LETTERS TO THE EDITOR AND THE SOUTH BEND CITY COUNCIL. WE WERE SUCCESSFUL WITH IN HAVING THE AMENDMENT TABLED INDEFINITELY ON BOTH OCCASIONS.

SJRMC-SOUTH BEND'S ADVOCACY EFFORTS TO KEEP IN PLACE THE CITY OF SOUTH BEND CLEAN AIR ORDINANCE ALSO COORDINATED WITH TRINITY HEALTH ADVOCACY "INVEST IN PUBLIC HEALTH INFRASTRUCTURE" EFFORTS.
SJRMC-SOUTH BEND FORMED A COMMUNITY COALITION WITH LOCAL COMMUNITY PARTNERS FROM BEACON HEALTH SYSTEM, ST. JOSEPH COUNTY DEPARTMENT OF HEALTH, AMERICAN LUNG ASSOCIATION, AMERICANS FOR NON-SMOKERS RIGHTS AND INDIANA DEPARTMENT OF HEALTH TOBACCO PREVENTION AND CESSATION COMMISSION. THIS GROUP MET ALMOST DAILY TO PREPARE STATEMENTS FOR PUBLIC HEARINGS AND COMMUNITY INPUT FOR THE CITY OF SOUTH BEND CLEAN AIR ORDINANCE AMENDMENT, AND SIGNED PETITIONS WERE SUBMITTED TO FEDERAL LEGISLATORS TO INVEST IN PUBLIC HEALTH INFRASTRUCTURE.

SJRMC-SOUTH BEND CONTINUED RESPONDING TO THE COVID-19 PANDEMIC BY SCREENING ALL PATIENTS, EMPLOYEES, AND VISITORS AND SECURING ALL PERSONAL PROTECTIVE EQUIPMENT NEEDED TO CARE FOR PATIENTS IN OUR COMMUNITY. THROUGH OUR BUSINESS HEALTH SERVICES, THE HOSPITAL RECEIVED GRANT FUNDING THROUGH OUR LOCAL UNITED WAY TO PROVIDE ON-SITE COVID-19 TESTING AT LOCAL BUSINESSES, ORGANIZATIONS AND UNIVERSITIES. SJRMC-SOUTH BEND CREATED AND MAINTAINED A COVID-19 HOTLINE TO ANSWER QUESTIONS REGARDING EXPOSURE AND THE NEED FOR TESTING AND TO ASSIST WITH REGISTRATION FOR COVID-19 TESTING. TO DATE, THE CALL LINE HAS RECEIVED OVER 36,000 CALLS. A COMMUNITY RESOURCE LINE WAS ALSO DEVELOPED TO ASSIST WITH SOCIAL NEEDS SUCH AS FOOD, TRANSPORTATION AND CLEANING SUPPLIES/MASKS. FURI (FEVER UPPER RESPIRATORY INFECTION) CLINICS WERE SET UP TO PROVIDE TESTING AT THE MEDICAL PRACTICES. SJRMC-SOUTH BEND PROVIDED STAFFING, WHEN AVAILABLE, TO ASSIST WITH COVID-19 TESTING. CHWB STAFF DEVELOPED AND MAINTAINED A DATABASE OF ALL COVID-19 TESTED INDIVIDUALS AND PROVIDED FOLLOW UP AND SUPPORT, AS WELL AS DELIVERED FOOD BOXES TO PATIENTS IN NEED OF FOOD.

SJRMC-SOUTH BEND'S "IT STARTS HERE" CAMPAIGN, FUNDED BY TRINITY HEALTH, WAS A COVID-19 VACCINE EDUCATION OUTREACH CAMPAIGN PRIMARILY FOCUSED ON

PART VI, LINE 6:

SAINT JOSEPH REGIONAL MEDICAL CENTER-
SOUTH BEND CAMPUS, INC. 35-0868157


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'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR THOSE WHO ARE POOR AND VULNERABLE IN THE COMMUNITIES WE SERVE BY CONNECTING SOCIAL AND CLINICAL CARE, ADDRESSING SOCIAL NEEDS, DISMANTLING SYSTEMIC RACISM, AND REDUCING HEALTH INEQUITIES. WE DO THIS BY:

1. INVESTING IN OUR COMMUNITIES
2. ADVANCING SOCIAL CARE
3. IMPACTING SOCIAL INFLUENCERS OF HEALTH

INVESTING IN OUR COMMUNITIES:

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2021, TRINITY HEALTH INVESTED $1.2 BILLION IN COMMUNITY BENEFIT, SUCH AS INITIATIVES SUPPORTING THOSE WHO ARE POOR AND VULNERABLE, HELPING TO MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, AND MOVING FORWARD POLICY, SYSTEM, AND ENVIRONMENTAL CHANGE. IN RESPONSE TO COVID-19, TRINITY HEALTH MEMBER HOSPITALS REDIRECTED SOME RESOURCES TO ADDRESS THE MOST URGENT SOCIAL AND MEDICAL NEEDS IN OUR COMMUNITIES, INCLUDING FOOD SUPPORT, EDUCATION SUPPORT, AND OUTREACH TO THOSE EXPERIENCING HOMELESSNESS.

ADDITIONALLY, THROUGH TRINITY HEALTH'S COMMUNITY HEALTH INSTITUTE, $1.6 MILLION WAS INVESTED IN THE "IT STARTS HERE" COVID-19 VACCINE CAMPAIGN,
COUPLING COMMUNITY ENGAGEMENT STRATEGIES AND SOCIAL MEDIA INFLUENCERS.

THIS EFFORT DISTRIBUTED $1.1 MILLION IN CHWB GRANTS TO MEMBER HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS IN SUPPORT OF COMMUNITY ENGAGEMENT STRATEGIES FOCUSED IN COMMUNITIES OF COLOR. OVER 80% OF DOLLARS AWARDED SUPPORTED PRIORITIZED COMMUNITIES, DEFINED AS 40% OF THE COMMUNITY BEING BLACK/LATINX AND/OR NATIVE AMERICAN. IT STARTS HERE LAUNCHED IN FEBRUARY, AND IN JUST UNDER FIVE MONTHS, MEMBER HOSPITALS AND THEIR COMMUNITY PARTNERS REACHED NEARLY 615,000 PEOPLE THROUGH OUTREACH AND EDUCATION, ENGAGED OVER 1,150 COMMUNITY CHAMPIONS, AND HELD OVER 700 VACCINE CLINICS THAT PROVIDED OVER 152,000 VACCINATIONS. IN ADDITION TO COMMUNITY EFFORTS, IT STARTS HERE FUNDED SOCIAL MEDIA CAMPAIGNS TO IMPROVE ACCESS TO COVID-19 VACCINATION INFORMATION BY ENGAGING LOCAL SOCIAL MEDIA INFLUENCERS WHO REPRESENT THE CULTURE AND ETHNICITY OF OUR LOCAL COMMUNITIES.

BEYOND COVID-19 EFFORTS, TRINITY HEALTH COMMITTED MORE THAN $46 MILLION IN LOANS TO 31 NOT-FOR-PROFIT ORGANIZATIONS FOCUSING ON IMPROVING COMMUNITY CONDITIONS AROUND HOUSING, FACILITIES, EDUCATION, AND ECONOMIC DEVELOPMENT THROUGH OUR COMMUNITY INVESTING PROGRAM. THE PROGRAM MAKES LOW-INTEREST RATE LOANS TO SELECT COMMUNITY PARTNERS AND INTERMEDIARIES TO POSITIVELY IMPACT SOCIAL INFLUENCERS THAT DRIVE HEALTHY OUTCOMES FOR FAMILIES AND RESIDENTS LIVING IN THE COMMUNITIES WE SERVE.

ADVANCING SOCIAL CARE:

TRINITY HEALTH'S SOCIAL CARE PROGRAM WAS DEVELOPED TO PROMOTE HEALTHY BEHAVIORS WHILE HELPING PATIENTS, COLLEAGUES AND MEMBERS ACCESS ESSENTIAL NEEDS, SUCH AS TRANSPORTATION, CHILDCARE, OR AFFORDABLE MEDICATIONS.

COMMUNITY HEALTH WORKERS ARE A KEY COMPONENT OF SOCIAL CARE AND SERVE AS
LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO ADDRESS
PATIENTS' SOCIAL NEEDS AND MITIGATE BARRIERS. TRINITY HEALTH'S COMMUNITY
HEALTH WORKER HUB DRIVES INTEGRATION AND ASSIGNMENT OF COMMUNITY HEALTH
WORKERS THROUGHOUT THE HEALTH SYSTEM. IT INCLUDES A NETWORK OF COMMUNITY
HEALTH WORKERS AND COMMUNITY-BASED ORGANIZATIONS THAT TOGETHER, HELP
SUPPORT INDIVIDUALS AND FAMILIES IN NEED. BECAUSE OF THEIR LIVED
EXPERIENCES, COMMUNITY HEALTH WORKERS ARE TRUSTED MEMBERS OF THE COMMUNITY
AND WORK CLOSELY WITH A PATIENT BY ASSESSING THEIR SOCIAL NEEDS, HOME
ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECT THE
INDIVIDUAL TO SERVICES WITHIN THE COMMUNITY. IN FISCAL YEAR 2021, TRINITY
HEALTH GREW ITS NETWORK OF COMMUNITY HEALTH WORKERS BY 15%, OVER 90
COMMUNITY HEALTH WORKERS, SPANNING NEARLY EVERY MEMBER HOSPITAL.

ADDITIONALLY, WE CREATED THE TRINITY HEALTH COMMUNITY RESOURCE DIRECTORY,
WHICH IS AN ONLINE PORTAL CONNECTING THOSE IN NEED TO FREE OR REDUCED-COST
HEALTH AND SOCIAL SERVICE RESOURCES WITHIN THE COMMUNITY AND ACROSS ALL
TRINITY HEALTH LOCATIONS. IN FISCAL YEAR 2021, THE COMMUNITY RESOURCE
DIRECTORY YIELDED NEARLY 50,000 SEARCHES, OVER 1,000 REFERRALS, OVER 70
KEY ORGANIZATIONS CLAIMED THEIR PROGRAMS, AND OVER 900 SOCIAL NEEDS
ASSESSMENTS WERE COMPLETED.

TRINITY HEALTH CONTINUES TO EXPAND THE NATIONAL DIABETES PREVENTION
PROGRAM THROUGH THE SUPPORT OF THE CENTERS FOR DISEASE CONTROL AND
PREVENTION. EPIC, TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, IDENTIFIED
THE DIABETES PREVENTION PROGRAM AS A BEST PRACTICE FOR IDENTIFICATION OF
AT-RISK PATIENTS, REFERRAL, AND BI-DIRECTIONAL COMMUNICATION.
ADDITIONALLY, THE AMERICAN MEDICAL ASSOCIATION PRESENTED TRINITY HEALTH'S
DIABETES PREVENTION PROGRAM APPROACH TO THEIR BOARD OF DIRECTORS AS A BEST
PRACTICE FOR A POPULATION HEALTH, DATA-DRIVEN STRATEGY TO PREVENT DIABETES.

IMPACTING SOCIAL INFLUENCERS OF HEALTH:
IN PARTNERSHIP WITH THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY, THE INVESTOR ENVIRONMENTAL HEALTH NETWORK AND INVESTORS FOR OPIOID AND PHARMACEUTICAL ACCOUNTABILITY, TRINITY HEALTH USES ITS OWNERSHIP OF SHARES OF STOCK IN CORPORATIONS TO INFLUENCE CORPORATIONS' POLICIES AND PRACTICES THAT AFFECT SOCIAL INFLUENCERS OF HEALTH, THE LIVING CONDITIONS THAT CAN AFFECT THE HEALTH OF A COMMUNITY, SUCH AS HOUSING, FOOD, EDUCATION, HEALTH CARE, AND ECONOMICS.

TRINITY HEALTH TAKES ACTION BY WRITING LETTERS TO COMPANIES, MEETING WITH CORPORATE MANAGEMENT, AND SUBMITTING AND SUPPORTING SHAREHOLDER RESOLUTIONS AS AGENDA ITEMS FOR COMPANIES' ANNUAL MEETINGS OF SHAREHOLDERS.

FISCAL YEAR 2021 YIELDED MANY POSITIVE OUTCOMES IN ITS 180 COMPANY ENGAGEMENTS, INCLUDING 50 COMPANY DIALOGUES AND 16 FILED RESOLUTIONS LEADING TO CHANGES IN POLICIES AND PRACTICES AT 18 CORPORATIONS.

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

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

SAINT JOSEPH REGIONAL MEDICAL CENTER-
SOUTH BEND CAMPUS, INC.
35-0868157

Schedule H (Form 990)