

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC.** Employer identification number **35-1142669**

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	3,875	1,661,710.		1,661,710.	3.99%
b Medicaid (from Worksheet 3, column a)	50	11,858	6,524,632.	4,822,459.	1,702,173.	4.08%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	51	15,733	8,186,342.	4,822,459.	3,363,883.	8.07%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	5	945	98,987.		98,987.	.24%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	2	11,563	594,789.	115,579.	479,210.	1.15%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3		41,156.	350.	40,806.	.10%
j Total. Other Benefits	10	12,508	734,932.	115,929.	619,003.	1.49%
k Total. Add lines 7d and 7j	61	28,241	8,921,274.	4,938,388.	3,982,886.	9.56%

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 facility reporting group SAINT JOSEPH REG. MED. CENTER- PLYMOUTH

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>11</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	X	
5 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 <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" type="checkbox"/> Available upon request from the hospital facility		
c <input checked="" type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
8b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

SAINT JOSEPH REGIONAL MEDICAL
CENTER - PLYMOUTH CAMPUS, INC.

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Part V Facility Information (continued) SAINT JOSEPH REG. MED. CENTER- PLYMOUTH

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>150</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input checked="" type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	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 actions the hospital facility may take upon non-payment?	X	
16	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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

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Part V Facility Information (continued) SAINT JOSEPH REG. MED. CENTER- PLYMOUTH

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?			X
If "Yes," explain in Part VI.			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?			X
If "Yes," explain in Part VI.			

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

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: SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT, WHICH IT SUBMITS TO THE STATE OF INDIANA. IN ADDITION, SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS REPORTS ITS COMMUNITY BENEFIT INFORMATION AS PART OF THE CONSOLIDATED COMMUNITY BENEFIT INFORMATION REPORTED BY TRINITY HEALTH IN ITS ANNUAL REPORT, AVAILABLE AT WWW.TRINITY-HEALTH.ORG.

IN ADDITION, SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS 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

Part VI Supplemental Information

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, \$2,301,745, 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 - SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH STRIVES TO LIVE ITS MISSION OF SERVING THE POOR AND UNDERSERVED BY ASSISTING LOCAL ORGANIZATIONS IN CREATING PROGRAMS AIMED AT HELPING THE CITIZENS OF OUR COMMUNITY BECOME MORE PRODUCTIVE, HEALTHY MEMBERS OF SOCIETY AND IMPROVING THE OVERALL HEALTH STATUS OF THE COMMUNITY. THROUGH OUR COMMUNITY HEALTH NEEDS ASSESSMENT, IT BECAME EVIDENT THAT AGENCIES THAT WOULD BEST MEET THE IDENTIFIED NEEDS AND, THEREFORE, BE OUR BEST PARTNERS ARE AGENCIES THAT:

- 1) PROVIDE MEDICAL CARE FOR THE MEDICALLY UNDER-SERVED AND/OR HOMELESS,
- 2) PROMOTE DIVERSITY,
- 3) SERVE WOMEN AND CHILDREN AND KEEP THEM SAFE, CLOTHED, FED AND EDUCATED, AND
- 4) WORK WITH OTHER HEALTH AND HUMAN SERVICES AGENCIES IN THE COMMUNITY TO FIND COMMON WAYS OF MEETING SOCIAL NEEDS.

MOST OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS THAT

Part VI Supplemental Information

SJRM/PLYMOUTH SUPPORTS IN MARSHALL COUNTY SERVE THE BROADER COMMUNITY OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE POPULATIONS. AMONG THE MANY PROGRAMS SJRM/PLYMOUTH SUPPORTS ARE: MARSHALL COUNTY NEIGHBORHOOD ASSOCIATION FOR DEVELOPMENT OF HEALTHY CHOICES FOOD PANTRY, CULVER TRI KAPPA TOUR DE MAX BICYCLE RACE, MOON TREE STUDIOS FOR SUPPORT OF VETERAN ART ACTIVITIES, ST. MICHAEL'S SCHOOL FOR SCHOLARSHIPS AND PLYMOUTH HIGH SCHOOL EXTRA-CURRICULAR PROGRAMS.

PART III, LINE 4: SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH. THE FOLLOWING IS THE TEXT OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOOTNOTE FROM PAGE 17 OF THOSE STATEMENTS: "THE CORPORATION RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME THE SERVICES ARE RENDERED EVEN THOUGH THE CORPORATION DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY AT THAT TIME. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, THE CORPORATION ESTABLISHES AN ALLOWANCE TO REDUCE THE CARRYING VALUE OF SUCH RECEIVABLES TO THEIR ESTIMATED NET REALIZABLE VALUE. THIS ALLOWANCE IS ESTABLISHED BASED ON THE AGING OF ACCOUNTS RECEIVABLE AND THE HISTORICAL COLLECTION EXPERIENCE BY MINISTRY ORGANIZATION AND FOR EACH TYPE OF PAYOR. A SIGNIFICANT PORTION OF THE CORPORATION'S PROVISION FOR DOUBTFUL ACCOUNTS RELATES TO SELF-PAY PATIENTS, AS WELL AS CO-PAYMENTS AND DEDUCTIBLES OWED TO THE CORPORATION BY PATIENTS WITH INSURANCE.

PART III, LINE 2:
 METHODOLOGY USED FOR LINE 2: BAD DEBT EXPENSE REPORTED ON LINE 2 IS SHOWN

Part VI Supplemental Information

AT COST AND WAS CALCULATED USING A COST TO CHARGE RATIO METHODOLOGY.

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 - SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS USES A PREDICTIVE MODEL THAT INCORPORATES THREE DISTINCT VARIABLES IN COMBINATION TO PREDICT WHETHER A PATIENT QUALIFIES FOR CHARITY: (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. FY13 WAS THE FIRST YEAR SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS UTILIZED THE PREDICTIVE MODEL WITH RESULTS USED FOR ANALYSIS ONLY. STARTING IN FY14, SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS IS RECORDING AMOUNTS AS CHARITY CARE (INSTEAD OF BAD DEBT EXPENSE) BASED ON THE RESULTS OF THE PREDICTIVE MODEL.

PART III, LINE 8: SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. 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 HEALTHCARE 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 VI Supplemental Information

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.

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 3: PRIOR ANALYSIS BY THE COMMUNITY BENEFIT COUNCIL IDENTIFIED THREE IMPORTANT COMMUNITY-RELATED ISSUES: DIABETES, SENIOR SERVICES AND PRENATAL CARE. THE METHODOLOGY FOR CONDUCTING THE CHNA INVOLVED DEPLOYMENT OF A COMMUNITY SURVEY, BOTH ON PAPER AND ONLINE, DURING THE MONTHS OF AUGUST THROUGH OCTOBER 2011. THE SURVEY TAKERS WERE ASKED WHAT THREE AREAS SHOULD SAINT JOSEPH REGIONAL MEDICAL CENTER (SJRMC) MOST IMPROVE. THEY WERE GIVEN A LIST OF OPTIONS FROM WHICH TO SELECT MULTIPLE ANSWERS. THE IMPORTANT ISSUES IDENTIFIED BY THE SURVEY TAKERS

Part VI Supplemental Information

WERE: AWARENESS, EDUCATION AND ACCESSIBILITY.

THE COUNCIL THEN BROUGHT TOGETHER DIFFERENT GROUPS INCLUDING: LEADERSHIP ALUMNI, YOUNG PROFESSIONALS, SENIORS, CLINICS, BUSINESS LEADERS IN PLYMOUTH, EXPECTANT & NEW MOTHERS, AND LATINO COMMUNITY LEADERS. THE FOCUS GROUPS WERE ASKED TO DISCUSS ISSUES THAT HAD BEEN IDENTIFIED AS IMPORTANT BY SJRMC AND BY THE SURVEY RESULTS.

COMMUNITY BENEFIT COUNCIL SUBCOMMITTEES OF SENIOR SERVICES, DIABETES AND PRE-NATAL CARE WERE FORMED AND MET TO DISCUSS TO IMPROVE THE AREAS THEY WERE ASSIGNED. AFTER DISCUSSION, ACTION PLANS WERE DEVELOPED AND APPROVED AND BUDGETED.

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 4: SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 5C: LINE 5A:

[HTTP://WWW.SJMED.COM/DOCUMENTS/14337-SJRMCPLY-ORS%20CHNA\(EMAIL\).PDF](http://www.sjmed.com/documents/14337-SJRMCPly-ORS%20CHNA(EMAIL).PDF)

LINE 5C:

ALL FOCUS GROUPS MEMBERS AND COMMUNITY BENEFIT COUNCIL MEMBERS RECEIVED A PRINTED OR E-MAILED COPY OF THE COMPLETE CHNA.

Part VI Supplemental Information

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 7: SJRMC - PLYMOUTH DID NOT IMPLEMENT STRATEGIES THAT ADDRESS EACH INDIVIDUAL BARRIER AND COMPLICATION WITHIN THE SENIOR SERVICES NEED BECAUSE OF OTHER COMMUNITY RESOURCES, SUCH AS THE MARSHALL COUNTY COUNCIL ON AGING. MARSHALL COUNTY COUNCIL ON AGING PARTNERS WITH LIFEPLEX FITNESS CENTER TO PROVIDE OPPORTUNITIES FOR SENIORS TO EXERCISE AT A LOW COST. SJRMC - MISHAWAKA, A RELATED ORGANIZATION, HAS A SENIOR SERVICES NAVIGATOR WHO WORKS WITH OUR PLYMOUTH CAMPUS TO PROMOTE PROGRAMS AND HEALTH FAIRS TO THE SENIOR POPULATION ALONG WITH SUPPORT FROM THE COUNCIL ON AGING. SJRMC - MISHAWAKA ALSO ADDRESSES SENIOR SERVICES WITHIN THEIR ROBUST IMPLEMENTATION STRATEGY.

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 12H: 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 HEALTHCARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS

Part VI Supplemental Information

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.

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 14G: BASIC INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WAS POSTED IN ENGLISH AND SPANISH IN THE EMERGENCY AND OTHER WAITING ROOMS, PATIENT REGISTRATION BOOTHS AND PHYSICIAN OFFICES. DURING FISCAL YEAR 2013, IF AN INDIVIDUAL WANTED A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, HE/SHE COULD GET A BROCHURE OF THIS INFORMATION AT ALL POINTS OF SERVICES MENTIONED IN THE LATTER SENTENCE. BROCHURES ARE ALSO AVAILABLE FROM THE CASHIERS, FINANCIAL COUNSELORS AND ELIGIBILITY SPECIALISTS. PATIENTS WERE PROVIDED INFORMATION ABOUT OBTAINING A COPY OF THE FINANCIAL ASSISTANCE POLICY (FAP) WITH BILLING INVOICES. THE FAP SUMMARY AND APPLICATION WERE NOT ON THE SAINT JOSEPH REGIONAL MEDICAL CENTER WEBSITE DURING FISCAL YEAR 2013.

SAINT JOSEPH REG. MED. CENTER- PLYMOUTH:

PART V, SECTION B, LINE 20D: PATIENTS WITH INCOME AT OR BELOW 150% OF THE FEDERAL POVERTY GUIDELINES (FPG) ARE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF THE CHARGES FOR MEDICALLY NECESSARY SERVICES. PATIENTS WITH INCOME BETWEEN 151% AND 400% OF THE FPG RECEIVE A PERCENTAGE DISCOUNT OFF OF

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HOSPITAL CHARGES FOR MEDICALLY NECESSARY SERVICES, BASED UPON A SLIDING SCALE.

PART VI, LINE 2: SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH ASSESSES THE HEALTH STATUS OF ITS COMMUNITY IN THE NORMAL COURSE OF OPERATIONS AND IN THE CONTINUOUS EFFORTS TO IMPROVE PATIENT CARE AND THE HEALTH OF THE OVERALL 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, IN THE ASSESSMENT OF THE COMMUNITY. ADDITIONALLY, SOME EMPLOYEES OF SJRMC - PLYMOUTH ARE MEMBERS OF COMMUNITY AGENCIES, SUCH AS BREAD OF LIFE AND UNITED WAY. COMMUNITY INFORMATION IS SHARED WITH THE COMMUNITY BENEFIT LEADERS THAT ASSESS AND ADDRESS MARSHALL COUNTY HEALTH NEEDS.

PART VI, LINE 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE - SJRMC-PLYMOUTH IS COMMITTED TO:
- PROVIDING ACCESS TO QUALITY HEALTHCARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR THOSE WE SERVE, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITIES
- CARING FOR ALL PERSONS, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES
- ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE
- BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES FOR ALL WHO MAY NEED CARE IN A COMMUNITY.

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IN ACCORDANCE WITH AMERICAN HOSPITAL ASSOCIATION RECOMMENDATIONS, SJRMC-PLYMOUTH HAS ADOPTED THE FOLLOWING GUIDING PRINCIPLES WHEN HANDLING THE BILLING, COLLECTION AND FINANCIAL SUPPORT FUNCTIONS FOR OUR PATIENTS:

- PROVIDE EFFECTIVE COMMUNICATIONS WITH PATIENTS REGARDING HOSPITAL BILLS
- MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE FINANCIAL SUPPORT PROGRAMS
- OFFER FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS
- IMPLEMENT POLICIES FOR ASSISTING LOW-INCOME PATIENTS IN A CONSISTENT MANNER
- IMPLEMENT FAIR AND CONSISTENT BILLING AND COLLECTION PRACTICES FOR ALL PATIENTS WITH PATIENT PAYMENT OBLIGATIONS

SJRMC-PLYMOUTH PROVIDES EFFECTIVE COMMUNICATIONS 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 AND EXTERNAL 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.

SJRMC-PLYMOUTH RECOGNIZES THE MANY CHALLENGES THAT FACE ITS UNINSURED AND UNDERINSURED PATIENTS WHEN APPLYING FOR STATE AND FEDERAL PROGRAMS TO HELP WITH HEALTHCARE EXPENSES. THEREFORE, SJRMC-PLYMOUTH ESTABLISHED THE ELIGIBILITY ASSISTANCE DEPARTMENT THAT UTILIZES A SOCIAL SERVICE APPROACH WITH A COMMITMENT TO PATIENT DIGNITY, COMPASSION, INTEGRITY AND PATIENT CENTERED CARE.

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HIGHLY TRAINED SPECIALISTS WHO KNOW AND UNDERSTAND THE DIFFERENT REQUIREMENTS FOR MANY LOCAL, STATE AND FEDERAL PROGRAMS STAFF THE ELIGIBILITY ASSISTANCE DEPARTMENT. ONCE IT IS DETERMINED THAT A PATIENT QUALIFIES FOR A PROGRAM, AN ELIGIBILITY SPECIALIST IS ASSIGNED TO THE PATIENT'S CASE. THE ELIGIBILITY SPECIALIST WORKS WITH THE PATIENT'S PROVIDERS, DEPARTMENT OF CARE MANAGEMENT, AND ALL APPROPRIATE STATE AND FEDERAL AGENCIES WHILE NAVIGATING THE PATIENT THROUGH PROCESSES.

FINANCIAL COUNSELORS, IN CONJUNCTION WITH THE ELIGIBILITY ASSISTANCE DEPARTMENT, 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 HEALTHCARE SERVICES. EVERY EFFORT IS MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF ADMISSION OR SERVICE. HOWEVER, DETERMINATION FOR FINANCIAL SUPPORT CAN BE MADE DURING ANY STAGE OF THE PATIENT'S STAY AFTER STABILIZATION OR COLLECTION CYCLE.

SJPMC-PLYMOUTH OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS. THIS SUPPORT IS AVAILABLE TO UNINSURED AND UNDERINSURED INDIVIDUALS WHO DO NOT QUALIFY FOR PUBLIC PROGRAMS OR OTHER ASSISTANCE. NOTIFICATION ABOUT FINANCIAL ASSISTANCE, INCLUDING CONTACT INFORMATION, IS AVAILABLE THROUGH VARIOUS MEANS, WHICH INCLUDE, BUT ARE NOT LIMITED TO, PATIENT BROCHURES, MESSAGES INCLUDED ON PATIENT BILLS, NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL PATIENT ACCOUNTING DEPARTMENTS, AND OTHER PATIENT FINANCIAL SERVICES OFFICES THAT ARE LOCATED ON FACILITY CAMPUSES.

SUMMARIES OF HOSPITAL PROGRAMS ARE MADE AVAILABLE TO THE INDIANA DIVISION OF FAMILY RESOURCES, UNITED WAY, THE LOCAL CHAPTER OF THE AMERICAN RED CROSS, THE AREA COUNCIL ON AGING, LOCAL PRIVATE AND PUBLIC SCHOOLS AND

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OTHER COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING FINANCIAL ASSISTANCE PROGRAMS IS ALSO AVAILABLE ON THE HOSPITAL WEBSITE AND IN THE DEPARTMENT ADMISSION PACKAGES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN SPANISH, REFLECTING THE OTHER PRIMARY LANGUAGE SPOKEN BY THE POPULATION SERVICED BY THE HOSPITAL.

SJRCM-PLYMOUTH HAS ESTABLISHED A WRITTEN POLICY FOR THE BILLING, COLLECTION AND SUPPORT FOR PATIENTS WITH PAYMENT OBLIGATIONS. SJRCM-PLYMOUTH MAKES EVERY EFFORT TO ADHERE TO THE POLICY AND IS COMMITTED TO IMPLEMENTING AND APPLYING THE POLICY FOR ASSISTING PATIENTS WITH LIMITED MEANS IN A PROFESSIONAL, CONSISTENT MANNER. SJRCM-PLYMOUTH EDUCATES STAFF MEMBERS WHO WORK CLOSELY WITH PATIENTS (INCLUDING THOSE WORKING IN PATIENT REGISTRATION AND ADMITTING, FINANCIAL ASSISTANCE, CUSTOMER SERVICE, BILLING AND COLLECTIONS) ABOUT THESE POLICIES WITH AN EMPHASIS ON TREATING ALL PATIENTS WITH DIGNITY AND RESPECT REGARDLESS OF THEIR INSURANCE STATUS OR THEIR ABILITY TO PAY FOR SERVICES. ALL OF THE AFOREMENTIONED STAFF RECEIVE TRAINING ON TRINITY HEALTH'S MISSION, VISION AND CORE VALUES. THIS ALLOWS THE ASSOCIATES TO OFFER FINANCIAL ASSISTANCE TO PATIENTS WITH COMPASSION AND INTEGRITY, WHILE MAINTAINING THE PATIENT'S DIGNITY.

PART VI, LINE 4: COMMUNITY INFORMATION - SJRCM-PLYMOUTH SERVES THE 103,559 RESIDENTS OF INDIANA'S SOUTHERN TIER, WHICH INCLUDES MARSHALL, FULTON, STARKE AND PULASKI COUNTIES. THESE COUNTIES ARE RELATIVELY RURAL IN NATURE WITH LIGHT INDUSTRY CENTERED IN THE TOWNS OF PLYMOUTH AND BREMEN. NEARBY CULVER IS THE HOME OF CULVER ACADEMIES, WHICH ATTRACTS STUDENTS TO INDIANA FROM ALL OVER THE WORLD.

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TOTAL POPULATION FOR THE SOUTHERN TIER SERVICE AREA IS EXPECTED TO GROW ONLY 1.5% FROM 2010 THROUGH 2015. COMPARED TO THE STATE OF INDIANA, THE SOUTHERN TIER HAS A LOWER PROJECTED POPULATION GROWTH AND A HIGHER MEDIAN AGE. INDIVIDUALS AGE 65 AND OLDER REPRESENT 15.2% OF THE TOTAL POPULATION, A PERCENTAGE THAT IS EXPECTED TO INCREASE 7.8% OVER THE NEXT FIVE YEARS.

MEDIAN HOUSEHOLD INCOME IS BELOW THAT FOR THE STATES OF INDIANA, MICHIGAN AND OHIO, THOUGH IT REMAINS STABLE ACROSS THE REGION, WITH AREAS OF MARGINALLY HIGHER AFFLUENCE IN MARSHALL AND FULTON COUNTIES.

AS IN MOST RURAL MID-WESTERN COMMUNITIES, THE POPULATION IS ALMOST EXCLUSIVELY MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT, THOUGH THERE HAS BEEN AN INCREASE IN THE HISPANIC POPULATION OVER THE PAST TEN YEARS.

IN 2008, 9.6% OF INDIVIDUALS IN MARSHALL COUNTY LIVED IN POVERTY, WITH 12.2% OF FULTON COUNTY RESIDENTS, 15.4% OF STARKE COUNTY RESIDENTS AND 12.9% OF THOSE IN PULASKI COUNTY. IN INDIANA OVERALL, IN 2008 10.1% OF FAMILIES LIVED IN POVERTY.

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

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SJRMCM-PLYMOUTH PRIDES ITSELF ON ITS RELATIONSHIP WITH SJRMCM-MISHAWAKA, 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. INTERACTION OF THE MEDICAL STAFFS, ASSOCIATES, AND ANCILLARY SERVICES ALLOWS SJRMCM-PLYMOUTH TO PROVIDE ITS PATIENTS WITH THE SAME LEVEL OF CARE OFFERED THE RESIDENTS OF THE CITIES OF SOUTH BEND AND MISHAWAKA.

SJRMCM-PLYMOUTH HAS 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 OF THIS PRIMARILY RURAL AREA TREATS PATIENTS WITH A RANGE OF MEDICAL NEEDS AND CAN TRANSPORT THEM TO OTHER HOSPITALS WHEN NECESSARY.

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

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

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AND SUBSTANCE ABUSE.

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

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

AS A FAITH-BASED HEALTH INSTITUTION, SJRMC-PLYMOUTH 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 A REFLECTION/PRAYER ROOM, AND FULL-TIME CHAPLAINS AFFORD EVERYONE THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE ARE ADDRESSED.

SJRMC-PLYMOUTH 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-PLYMOUTH PARTICIPATES IN MANY OUTREACH COMMUNITY PROGRAMS AND SERVICES. SJRMC-PLYMOUTH WORKS WITH AND PROVIDES ASSISTANCE

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TO UNITED WAY OF MARSHALL COUNTY, THE AMERICAN CANCER SOCIETY, OUNCE OF PREVENTION, PLYMOUTH FIRE AND EMS, SCHOOL ATHLETIC TRAINING PROGRAMS AT ANCILLA COLLEGE, WINAMAC COMMUNITY, PLYMOUTH, CULVER, JOHN GLENN AND TRITON HIGH SCHOOLS, AND THE BOYS AND GIRLS CLUB.

PART VI, LINE 6: SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH IS A MEMBER OF CHE TRINITY HEALTH, THE SECOND-LARGEST CATHOLIC HEALTH CARE SYSTEM IN THE COUNTRY. CHE TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - COMMUNITY BENEFIT GOALS THAT INCLUDE IMPLEMENTING NEEDED SERVICES OR EXPANDING ACCESS TO SERVICES FOR LOW-INCOME INDIVIDUALS. AS A NOT-FOR-PROFIT HEALTH SYSTEM, CHE TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITY THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. OVERALL, THE ORGANIZATION INVESTS MORE THAN \$800 MILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING EACH COMMUNITY'S SPECIFIC NEEDS.

FOR MORE INFORMATION ABOUT CHE TRINITY HEALTH, VISIT WWW.NEWHEALTHMINISTRY.ORG.

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