

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARION GENERAL HOSPITAL INC.

Employer identification number

35-0868130

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		X
<b>c</b> 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? . . . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**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
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .		6970	6,299,479.		6,299,479.	4.23
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			28,144,681.	24,022,773.	4,121,908.	2.77
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .		6970	34,444,160.	24,022,773.	10,421,387.	7.00
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .		53625	914,895.		914,895.	.61
<b>f</b> Health professions education (from Worksheet 5) . . . . .		1486	1,219,822.		1,219,822.	.82
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .						
<b>h</b> Research (from Worksheet 7) . . . . .		3200	3,787.		3,787.	
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .		10712	443,011.		443,011.	.30
<b>j</b> Total Other Benefits . . . . .		69023	2,581,515.		2,581,515.	1.73
<b>k</b> Total. Add lines 7d and 7j. . . . .		75993	37,025,675.	24,022,773.	13,002,902.	8.73

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2014

JSA 4E1284 1.000

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			198,707.		198,707.	.12
9 Other						
10 Total			198,707.		198,707.	.12

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	33,171,223.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	43,437,154.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-10,265,931.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PROGRESSIVE CANCER C	CANCER CARE CENTER	51.15000	9.80000	18.58000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group MARION GENERAL HOSPITAL INC

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

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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
<b>2</b> 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
<b>3</b> 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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>5</b> 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	
<b>6a</b> 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>b</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	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MGH.NET</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
<b>a</b> If "Yes," (list url): <u>WWW.MGH.NET</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
<b>11</b> 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.		
<b>12a</b> 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
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b> 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? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group MARION GENERAL HOSPITAL INC

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	X	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input type="checkbox"/> The FAP was widely available on a website (list url): _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.MGH.NET</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.MGH.NET</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>17</b>	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 non-payment? . . . . .	X	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information (continued)**

Name of hospital facility or letter of facility reporting group MARION GENERAL HOSPITAL INC

		Yes	No
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? . . . . .		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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? . . . . .	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 Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used 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 Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .		X
If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .		X
If "Yes," explain in Section C.			

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B, LINE 5

COMMUNITY ADVISORY GROUPS & CONSULTANTS FOR IMPLEMENTATION PLAN

MGH WORKED DIRECTLY WITH THE FOLLOWING COMMUNITY MEMBERS IN PLANNING THE PROCESS AND DETERMINING THE NEEDS ASSOCIATED WITH THE EXECUTION AND OUTCOMES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT. COMMUNITY LEADERS AND PARTNERS MET FACE TO FACE AND ELECTRONICALLY TO PLAN THE COMMUNITY HEALTH NEEDS ASSESSMENT GOALS, PROCESSES AND COMPLETION DATES. MGH STAFF DEVELOPED AND TRAINED COMMUNITY MEMBERS AND UNIVERSITY STUDENTS TO COMPLETE THE ASSESSMENT. ONGOING COMMUNICATION WITH ALL MEMBERS THROUGHOUT THE THREE YEAR CYCLE ASSURED APPROPRIATE COMMUNITY OWNERSHIP AND INCLUSION OF THE PROJECT. IT WAS IMPORTANT IN OUR RURAL COMMUNITY WITH SCARCE RESOURCES THAT WE ENSURE THE RESULTS WOULD BENEFIT OTHER ORGANIZATIONS WITHIN OUR COMMUNITY.

1. CHP ADVISORY GROUP: MGH WORKED DIRECTLY WITH THE FOLLOWING COMMUNITY MEMBERS TO COMPLETE THE CHNA.

-INDIANA WESLEYAN UNIVERSITY (IWU)

-GRANT COUNTY HEALTH DEPARTMENT

-CAREY SERVICES - SERVICES FOR INDIVIDUALS WITH EMOTIONAL AND PHYSICAL DISABILITIES, INCLUDING AUTISM, EARLY HEAD START, GROUP HOMES, JOB OPPORTUNITIES AND PARENT SUPPORT GROUPS.

-FAMILY SERVICE SOCIETY, INC. - THE LARGEST SOCIAL SERVICE PROVIDER IN THE COUNTY. SERVICES INCLUDE: ADDICTION COUNSELING AND RECOVERY PROGRAMS, PSYCHO-SOCIAL COUNSELING, SCHOOL SUPPORT, HOMELESS SUPPORT, AND

Schedule H (Form 990) 2014

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

GRANDPARENTS RAISING CHILDREN SUPPORT.

-MARION COMMUNITY SCHOOLS -LARGEST PUBLIC K-12 SCHOOL SYSTEM IN GRANT COUNTY

-CANCER SERVICES OF GRANT COUNTY - PROVIDES SUPPORT SERVICES FOR CANCER PATIENTS AND FAMILIES, PROVIDES FREE MAMMOGRAMS FOR ANY GRANT COUNTY RESIDENT.

-NEW HOPE HOSPICE

-INDIANA HEALTH CENTER - FEDERALLY QUALIFIED HEALTH CLINIC

-MARION GENERAL HOSPITAL, INC.

-GRANT COUNTY SUPERINTENDENTS COUNCIL REPRESENTATIVES FROM SCHOOL ADMINISTRATION INCLUDING MARION COMMUNITY SCHOOLS, EASTBROOK COMMUNITY SCHOOLS, OAK HILL COMMUNITY SCHOOLS, MISSISSINAWA COMMUNITY SCHOOLS, LAKEVIEW CHRISTIAN SCHOOL, ST. PAUL PARISH SCHOOL, AND MADISION-GRANT SCHOOLS.

-BRIDGES TO HEALTH - PROVIDES MEDICAL AND DENTAL CARE FOR UNINSURED INDIVIDUALS

-COMMUNITY ROUND TABLE - APPROXIMATELY 40 ORGANIZATIONS WERE REPRESENTED AT A PUBLIC PRESENTATION OF THE FINAL REPORT AND PARTICIPATED IN A ROUND TABLE DISCUSSION.

2. THIRD PARTY CONSULTANT ANDERSON UNIVERSITY, FALLS SCHOOL OF BUSINESS

-KEVIN J. BROWN, PHD, ASSISTANT PROFESSOR OF FINANCE, PROVIDED THE STATISTICAL ANALYSIS AND SUMMARY OF THE NEEDS ASSESSMENT. AFTER CAREFUL ANALYSIS, DR. BROWN PROVIDED THREE LEVELS OF REPORTS FOR OUR COMMUNITY HEALTH NEEDS ASSESSMENT WITH AN EXECUTIVE SUMMARY THAT HAS BEEN REVIEWED

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

AND WILL BE UTILIZED IN DEVELOPING OUR IMPLEMENTATION PLAN.

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

INDIANA WESLEYAN UNIVERSITY

GRANT COUNTY HEALTH DEPARTMENT

CAREY SERVICES

FAMILY SERVICES SOCIETY, INC.

MARION COMMUNITY SCHOOLS

CANCER SERVICES OF GRANT COUNTY

NEW HOPE HOSPICE

INDIANA HEALTH CENTER

GRANT COUNTY SUPERINTENDENTS COUNCIL

BRIDGES TO HEALTH

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

AVAILABLE UPON REQUEST FROM THE HOSPITAL FACILITY

SCHEDULE H, PART V, SECTION B, LINE 11

EXECUTIVE SUMMARY

THE PURPOSE OF THIS REPORT IS TO GIVE ATTENTION TO FOUR KEY AREAS

IDENTIFIED IN GRANT COUNTY'S 2013 COMMUNITY HEALTH PROFILE (CHP)

UNDERTAKEN BY MARION GENERAL HOSPITAL, INDIANA WESLEYAN, AND SEVERAL

OTHER PARTNERING ENTITIES. THE CONTENT BELOW AIMS TO SUMMARIZE EACH OF

THESE AREAS BY HIGHLIGHTING DATA PATTERNS IDENTIFIED IN PREVIOUS

ANALYSIS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

THE FOUR KEY AREAS ARE AS FOLLOWS:

- 1) CHRONIC DISEASES
- 2) SOCIAL DETERMINANTS OF HEALTH
- 3) MENTAL HEALTH STATUS
- 4) HEALTH CARE ACCESS

FURTHERMORE, SPECIFIC HEALTH-RELATED AREAS ARE GIVEN ATTENTION UNDER THE HEADING OF EACH OF THESE AREAS. BASED UPON THE ANALYSIS OF THE 2011 SURVEY RESULTS, MANY HEALTH-RELATED ISSUES IN THE COUNTY COULD BE RAISED AND ADDRESSED. HOWEVER, AN APPRAISAL OF THE FULL DATA-REPORT SUGGESTS THAT THESE PARTICULAR ISSUES SHOULD BE GIVEN PRIORITY CONSIDERATION.

IN 2013, MGH CONVENED SEVERAL OPEN COMMUNITY MEETINGS TO DISCUSS THE COMMUNITY HEALTH PROFILE (CHNA) RESULTS AND TO DETERMINE A CONSENSUS FOR AN IMPLEMENTATION PLAN. THE AREA OF CHRONIC DISEASE SURFACED AS THE FIRST AREA TO ADDRESS. WITHIN THAT DISCUSSION AND REVIEW OF ADDITIONAL DATA, HEALTHCARE, EMPLOYERS, SCHOOLS AND CHURCHES DETERMINED THAT DIABETES WOULD BE THE PRIMARY AREA. DIABETES HAS SEVERAL CO-MORBIDITIES THAT CROSS OVER WITH SEVERAL OTHER CHRONIC DISEASES AND IT IS THE GREATEST FINANCIAL BURDEN, ALONG WITH DOCUMENTED EMOTIONAL, SOCIAL AND PHYSICAL COSTS THAT IMPACT ACROSS ALL AREAS OF THE COMMUNITY. THE FOLLOWING ARTICLE ENCAPSULATES THE FIRST PART OF OUR IMPLEMENTATION PLAN AS A HOSPITAL AND A COMMUNITY.

MARION GENERAL HOSPITAL AND GRANT COUNTY'S IMPLEMENTATION PLAN - CEASE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

DIABETES:

MGH IS TAKING ACTION! THE GRANT COUNTY COMMUNITY HEALTH PROFILE OF 2013 IDENTIFIED A NEED WHICH TELLS THE STORY OF DIABETES IN GRANT COUNTY, AND THE STRONG NEED TO TAKE ACTION TO HELP CEASE DIABETES. MGH ADMINISTRATION AND BOARD OF DIRECTORS RECOGNIZED THE NEED AND ARE ENGAGING TO LEAD A CAMPAIGN TO COMBAT DIABETES.

THE STATE OF INDIANA PUBLISHED A REPORT ENTITLED "THE BURDEN OF DIABETES" WHICH POINTED OUT THAT THE COST OF DIABETES IS FAR BEYOND JUST MEDICAL COSTS. WHEN DIABETES IS CONTROLLED, PEOPLE HAVE LESS TIME OFF FROM WORK; THEY ARE MORE PRODUCTIVE, MORE AVAILABLE AS PARENTS AND GRANDPARENTS, BETTER STUDENTS, MORE ACTIVE IN THEIR CHURCH AND SOCIAL ORGANIZATIONS AND CONTRIBUTE TO MAKING GRANT COUNTY AND INDIANA A BETTER PLACE TO LIVE. INDIANA STATES THE COST OF DIABETES ANNUALLY IS FOUR BILLION DOLLARS! MGH CANNOT DO THIS ALONE! THEY NEED TO BRING TOGETHER AND EMPOWER THE ENTIRE COMMUNITY TO MAKE A SIGNIFICANT AND MEASURABLE IMPACT. A PLAN WAS DESIGNED AFTER INPUT FROM HEALTHCARE PROFESSIONALS, PARISH NURSES, SOCIAL AGENCIES, EMPLOYERS, AND PEOPLE WITH DIABETES.

THE MEASURABLE AREAS OF IMPACT:

- INCREASE THE NUMBER OF PEOPLE WITH DIABETES WHO CHECK THEIR FEET EVERY DAY
- INCREASE THE NUMBER OF ANNUAL COMPREHENSIVE FOOT CHECKS BY MEDICAL PROFESSIONALS
- INCREASE THE NUMBER OF PEOPLE WITH DIABETES WHO HAVE A DILATED EYE EXAM YEARLY

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

-INCREASE THE NUMBER OF REFERRALS TO THE MGH ACCREDITED EDUCATION PROGRAM FOR SELF-MANAGEMENT (AMERICAN DIABETES ASSOCIATION). THE SURVEYS AND DATA STRONGLY TELL US THAT PEOPLE WITH DIABETES WHO HAVE HAD FORMAL DIABETIC AND NUTRITIONAL EDUCATION HAVE SIGNIFICANTLY MORE CONTROL OVER DIABETES AND IT COMPLICATIONS.

PHASE I: DEVELOP AN INTERNAL PROGRAM TO EVALUATE AND CREATE ADDITIONAL OPPORTUNITIES TO ENSURE THAT ALL NEWLY DIAGNOSED AND CURRENT DIABETES PATIENTS ARE EMPOWERED TO MAXIMIZE ALL THE OPTIONS TO ADDRESS DIABETES FROM A HOLISTIC APPROACH. THIS INCLUDED OUTPATIENTS, IN-PATIENTS AND PRIMARY CARE PROVIDERS.

PHASE II: DEVELOP AN EXTERNAL TEAM AND PARTNERS FROM THE COMMUNITY. AREA CLINICS, PRIMARY CARE PROVIDERS, SCHOOLS NURSES, SOCIAL SERVICE AGENCIES, HEALTH DEPARTMENT, AND UNIVERSITIES ARE DOING EVALUATIONS AND CREATING PLANS TO IMPACT THEIR AGENCIES.

PHASE III: WORK WITH AREA PODIATRISTS, EYE CARE SPECIALISTS, AND EMPLOYERS TO MAXIMIZE OPPORTUNITIES TO ASSIST AND TO PROVIDE THE TOOLS FOR PEOPLE WITH DIABETES TO TAKE CHARGE OF THEIR HEALTH.

ULTIMATELY, WE KNOW THAT WE NEED TO WORK TOGETHER TO PREVENT THE ONSET OF DIABETES BUT THOSE WHO HAVE BEEN DIAGNOSED ARE A MAJOR CONCERN AS WELL. AS THIS CAMPAIGN SPREADS THROUGH THE COMMUNITY THE AWARENESS WILL PROVIDE IMPETUS FOR MANY TO LOOK FOR OPTIONS THAT MAY LEAD TO PREVENTION.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

ISSUES SURROUND DIABETES

-LOWERS LIFE EXPECTANCY BY UP TO 15 YEARS

-INCREASES THE RISK OF HEART DISEASE BY 2 -4 TIMES

-IS THE LEADING CAUSE OF KIDNEY FAILURE, LOWER LIMB AMPUTATIONS AND

ADULT-ONSET OF BLINDNESS

AVERAGE ANNUAL HEALTH CARE COST FOR A PERSON WITH DIABETES IN INDIANA IS

\$11,744, COMPARED WITH \$2,935 OF A NON-DIABETIC PERSON.

(INDIANA STATE DEPARTMENT OF HEALTH AND AMERICAN DIABETIC ASSOCIATION)

OTHER AREAS OF CONCERN FROM THE COMMUNITY HEALTH PROFILE (CHNA):

SOCIAL DETERMINANTS OF HEALTH

THE HOSPITAL AND COMMUNITY FORUMS FELT THAT THIS WAS AN OVERARCHING ISSUE

CONTRIBUTING TO THE OTHER AREAS OF CONCERN. AND THAT SPECIFICALLY

ADDRESSING THIS AREA WAS TOO LARGE AND NOT DIFFICULT TO MEASURE FOR A

SMALL RURAL AREA. AREA SOCIAL SERVICE AGENCIES ARE UTILIZING THE DATA TO

ENHANCE PROGRAMING AND FUNDING FOR THEIR AGENCIES.

MENTAL HEALTH STATUS

GRANT COUNTY HAS A SEVERE SHORTAGE OF MENTAL HEALTH RESOURCES, THERE ARE

SEVERAL AGENCIES, THAT ARE SPECIFICALLY QUALIFIED IN THIS AREA THAT ARE

SEEKING OPPORTUNITIES TO INCREASE SERVICES IN THIS AREA. THE HOSPITAL AND

COMMUNITY FORUMS DID NOT WANT TO DUPLICATE EFFORTS.

**Part V Facility Information (continued)**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 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.

## HEALTH CARE ACCESS

GRANT COUNTY HAS MADE SIGNIFICANT STRIDES IN HEALTH CARE ACCESS SINCE THE COMMUNITY HEALTH PROFILE DATA WAS OBTAINED, ANALYZED AND REPORTED. TWO AREAS; INCREASED CAPACITY AT OUR FREE HEALTH AND DENTAL CLINIC - BRIDGES TO HEALTH, AND THE CREATION OF MGH ACCESS LINE - WHICH PROMOTES ACCESS TO A PROVIDER.

## SCHEDULE H, PART V, SECTION B, LINE 22D

MGH FOLLOWED THE FINANCIAL ASSISTANCE POLICY, EXTENDING FREE CARE FOR THOSE AT OR LESS THAN 200% OF FEDERAL POVERTY LEVEL, AND DISCOUNTED CARE (60% AND 80%) FOR THOSE WITH INCOME LEVELS AT MORE THAN 200% BUT LESS THAN OR EQUAL TO 300% OF FEDERAL POVERTY LEVEL.

Schedule H (Form 990) 2014

**Part V Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2014

**Part VI** Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART I, LINE 7

BAD DEBT EXPENSE IN THE AMOUNT OF \$13,551,593 IS EXCLUDED FROM TOTAL EXPENSES FOR THE PURPOSES OF CALCULATING PERCENTS IN COLUMN F.

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

SCHEDULE H, PART II

MGH IS COMMITTED TO RESPONDING TO THE FEDERAL DESIGNATIONS THAT GRANT COUNTY IS A MEDICAL PROFESSION SHORTAGE AREA (MPSA) AND MEDICALLY UNDERSERVED AREA (MUSA). ACTIVE RECRUITING AND LOAN FORGIVENESS (AS INCENTIVES) FOR AREAS OF PROVIDER SHORTAGE IS CRITICAL TO SERVE OUR HEALTHCARE COMMUNITIES. MGH IS THE ONLY NON-GOVERNMENT HOSPITAL IN OUR COUNTY AND AS A SMALL RURAL AREA, THE NEED FOR RECRUITING AND RETAINING PROVIDERS PRESENTS SIGNIFICANT CHALLENGES.

SCHEDULE H, PART III SECTION A, LINE 2

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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

SCHEDULE H, PART III SECTION A, LINE 3

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

PART III SECTION A, LINE 4

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

PART III SECTION B, LINE 8

MGH BELIEVES THAT THE MEDICARE SHORTFALL SHOULD BE INCLUDED WHEN ATTEMPTING TO REFLECT THE FINANCIAL BENEFIT THAT THE ORGANIZATION PROVIDES TO ITS COMMUNITY. TO THAT END, MGH SHOWS THIS AMOUNT SEPARATELY ON ITS ANNUAL COMMUNITY BENEFIT REPORT. SERVICES ARE PROVIDED TO MEDICARE PATIENTS BY MGH WHILE, AT THE SAME TIME, WE FULLY EXPECT TO RECEIVE LESS

**Part VI** Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

IN REIMBURSEMENT THAN IT COSTS TO PROVIDE THESE SERVICES. WE ARE  
BENEFITING THE COMMUNITY BY BEING A CONVENIENT AND REPUTABLE SOURCE  
WITHIN THE COMMUNITY TO RECEIVE SUCH SERVICES. THE MEDICARE ALLOWABLE  
COSTS OF CARE IS TAKEN DIRECTLY FROM THE FILED MEDICARE COST REPORT.

SCHEDULE H, PART III SECTION C, LINE 9B

MGH'S COLLECTION POLICY DISTINGUISHES BETWEEN 'FINANCIAL ASSISTANCE' -  
PATIENTS UNABLE TO PAY, AND 'BAD DEBT' - PATIENTS UNWILLING TO PAY. MGH  
PLACES A COURTESY COLLECTION CALL ON PAST DUE PATIENT ACCOUNTS OVER SIXTY  
(60) DAYS ON ACCOUNTS \$1,000 OR GREATER. CALLS ARE DOCUMENTED IN THE AR  
SYSTEM FOR FURTHER FOLLOW-UP ACTION. PAYMENT IN FULL IS ALWAYS THE  
PREFERRED METHOD OF RESOLUTION FOR A SELF-PAY BALANCE. IF THIS IS NOT  
POSSIBLE, THE PATIENT SERVICE REPRESENTATIVE OR FINANCIAL COUNSELOR  
PROVIDES INFORMATION TO THE PATIENT AND/OR AN OTHER RESPONSIBLE PARTY OF  
THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM IN A WAY THAT IS EASY TO  
UNDERSTAND. THE PATIENT SERVICE REPRESENTATIVE OR FINANCIAL COUNSELOR  
RESPONDS PROMPTLY TO QUESTIONS ABOUT THE PATIENT'S BILLS AND REQUESTS FOR  
FINANCIAL ASSISTANCE. PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REPORTED TO A COLLECTION AGENCY AS LONG AS REQUESTED DOCUMENTATION IS PROVIDED TIMELY.

NEEDS ASSESSMENT

MARION GENERAL HOSPITAL (MGH) FACILITATES AND COORDINATES THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR GRANT COUNTY, INDIANA. EVERY THREE YEARS, THE HOSPITAL PARTNERS WITH INDIANA WESLEYAN UNIVERSITY NURSING AND SOCIAL WORK STUDENTS AND FACULTY TO COMPLETE A COMPREHENSIVE SURVEY UTILIZING THE CDC BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM (BRFSS). PRIMARY DATA IS COLLECTED IN ALL GEOGRAPHIC SEGMENTS OF GRANT COUNTY, THE MGH PRIMARY SERVICE AREA. MGH IS THE ONLY NOT-FOR-PROFIT, NON-GOVERNMENT HOSPITAL IN THE COUNTY. OUR COMMUNITY HEALTH NEEDS ASSESSMENT IS TITLED COMMUNITY HEALTH PROFILE (CHP) AND PROVIDES A HEALTH REVIEW AND ANALYSIS OF PRIMARY AND SECONDARY DATA FOR ONGOING IMPLEMENTATION AND EVALUATION OF OUR COMMUNITY AND OUR COMMUNITY HEALTH PROGRAMS. RESULTS FOR THE 2010 AND 2013 NEEDS ASSESSMENT WERE REVIEWED BY THE COMMUNITY BENEFIT ALLIANCE ORGANIZATIONS INVOLVED, AND INCLUDE THE COUNTY HEALTH DEPARTMENT, PRIMARY CARE PROVIDERS, AREA NOT-FOR-PROFIT SERVICE AGENCIES, BUSINESS SECTOR

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REPRESENTATIVES, AREA UNIVERSITIES, AND HEALTHCARE PROVIDERS. THE SURVEY DATA AND SUMMARIES ARE LOCATED ON WWW.MGH.NET AND [HTTP://HEALTHYGRANTCOUNTY.NET](http://HEALTHYGRANTCOUNTY.NET) (WHICH IS HOSTED BY MGH). RESULTS ARE ALSO LINKED TO OTHER SOURCES OF SECONDARY DATA FROM THE COMMUNITY. PRINTER FRIENDLY DOCUMENTS AND ELECTRONIC LINKS ON BOTH WEBSITES PROVIDE EASY ACCESS FOR COMMUNITY MEMBERS TO REVIEW THE DATA. COUNTY HEALTH RANKINGS, CHAN.ORG, INDIANA DEPARTMENT OF HEALTH AND GRANT COUNTY DEPARTMENT OF HEALTH DATA IS ALSO EVALUATED. THE NEXT SURVEY IS SCHEDULE FOR FALL OF 2015 AND RESULTS WILL BE AVAILABLE IN 2016.

DURING THE SPRING OF 2013, A SERIES OF MEETINGS AND COMMUNITY FORUMS WERE HELD TO UPDATE THE COMMUNITY ON OUR RESULTS AND IDENTIFIED NEEDS. INDIVIDUALS AND ORGANIZATIONS PROVIDED IDEAS FOR MGH TO ADDRESS THE NEEDS IN INPATIENT AND OUTPATIENT HEALTH INITIATIVES. THE PHYSICIAN PRACTICE GROUPS AND THE MGH GOVERNING BOARD PROVIDED DIRECTION IN PRIORITIZING THE DIRECTION FOR THE IMPLEMENTATION PLAN. THOSE DISCUSSIONS LED TO THE CREATION OF A COMMUNITY-WIDE IMPLEMENTATION PLAN. THIS PLAN INCLUDES A THREE-YEAR COUNTY-WIDE FOCUS ON THE CHALLENGE OF DIABETES: COMMUNITY

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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SERVICES AGENCIES, HOME CARE ORGANIZATIONS, ASSISTED LIVING FACILITIES, AREA CLINICS, PRIMARY CARE, AND OUTPATIENT SERVICES. THE FIRST YEAR ALSO INVOLVED ESTABLISHING BASELINE DATA TO MORE ACCURATELY DOCUMENT THE PROGRESS OF GOALS FOR ALL AREAS. AS BASELINE DATA HAS BECOME AVAILABLE, ADJUSTMENTS WERE MADE TO THE PLAN TO MAXIMIZE INTERVENTIONS BY THE INTERNAL AND EXTERNAL PARTNERS. OBJECTIVES AND GOALS HAVE BEEN DEVELOPED AND WILL CONTINUE FOR THE THREE YEAR PLAN.

IN 2016, DATA FROM THE NEWEST COMMUNITY HEALTH PROFILE OR CHNA WILL BE USED BY MGH AND THE COMMUNITY BENEFIT ALLIANCE TO EVALUATE AND EXPAND THE PREVIOUSLY DEFINED IMPLEMENTATION PLAN. MGH HAS SPEARHEADED A COMMUNITY-WIDE INITIATIVE TO PROMOTE DIABETES AWARENESS THROUGH A COMMUNITY INITIATIVE NAMED: CEASE DIABETES. DIRECTION IN PRIORITIZING THE DIRECTION FOR THE DIABETIC IMPLEMENTATION PLAN FOR THE HOSPITAL. DURING THE YEAR 2013-2014, MGH HAS SPEARHEADED A COMMUNITY-WIDE INITIATIVE TO PROMOTE DIABETES AWARENESS THROUGH A COMMUNITY INITIATIVE NAMED: CEASE DIABETES.

**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

## PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

AS A NOT-FOR-PROFIT HOSPITAL, MGH HAS SIGNAGE AT ALL REGISTRATION POINTS INTO THE FACILITY AND THE HOSPITAL'S BUSINESS OFFICE ADVISING THEM OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM (FAP). WE HAVE A BROCHURE TITLED 'UNDERSTANDING HOSPITAL BILLS & INSURANCE' THAT DIRECTS THEM TO CALL US IF THEY DO NOT HAVE INSURANCE OR HAVE THE ABILITY TO PAY THEIR BILL. ALL BEDDED PATIENTS RECEIVE THIS BROCHURE UPON ADMISSION. WE ALSO HAVE A PATIENT NOTICE OF FINANCIAL ASSISTANCE POLICY STATEMENT AVAILABLE AT ALL REGISTRATION LOCATIONS AND THE BUSINESS OFFICE. OUR BILLING STATEMENTS ADVISE OUR PATIENTS THAT WE OFFER FINANCIAL ASSISTANCE AND DIRECTS THEM TO CONTACT US IN THE BUSINESS OFFICE TO GET ADDITIONAL INFORMATION AND AN APPLICATION ON OUR WEBSITE. ONCE A PATIENT IS APPROVED FOR ASSISTANCE, THEY ARE QUALIFIED FOR A PERIOD OF ONE YEAR FROM APPROVAL OF THE APPLICATION. MGH ALSO ASSISTS PATIENTS WITH THE COMPLETION OF THE FAP APPLICATION, AS WELL AS, EVALUATION OF THEIR ELIGIBILITY FOR STATE AND FEDERAL GOVERNMENT BENEFIT PROGRAMS.

**Part VI Supplemental Information**

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- 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.
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## COMMUNITY INFORMATION

MGH CONTINUES TO SERVE THE PRIMARY MARKET OF GRANT COUNTY, INDIANA WHERE 88% OF THE HOSPITAL'S PATIENTS RESIDE, WHILE THE OTHER 12% OF PATIENTS MGH SERVES RESIDE SECONDARILY FROM THE NEIGHBORING COUNTIES OF WABASH, MIAMI, BLACKFORD, AND HUNTINGTON (ALL IN INDIANA). GRANT COUNTY INCLUDES THE COMMUNITIES OF MARION, THE COUNTY SEAT, ALONG WITH GAS CITY, JONESBORO, FAIRMOUNT, MATTHEWS, UPLAND, VAN BUREN, SWEETSER, SWAYZEE, AND CONVERSE. MARION'S POPULATION CONTINUES TO SEE A DECLINE OVER THE YEARS, WITH 26,981 RESIDENTS. GRANT COUNTY'S POPULATION BY THE 2013 U.S. CENSUS WAS 69,126, AND THE HOUSEHOLD COUNT WAS 26,981. GRANT COUNTY CONTINUES TO BE ONE OF THE STATE'S MOST DIVERSE COMMUNITIES, ETHNICALLY, ECONOMICALLY AND EDUCATIONALLY. EVEN WITH ECONOMIC SUCCESS STORIES OVER THE YEARS, THE GRANT COUNTY MARKET TENDS TO FALL BELOW STATE AND NATIONAL AVERAGES FOR HOUSEHOLD INCOME, EDUCATION AND EMPLOYMENT RATES. IN GRANT COUNTY, 21.7% OF RESIDENTS FELL BELOW THE FEDERAL POVERTY GUIDELINES. AND IN 2013, GRANT COUNTY RANKED NUMBER 1 IN THE STATE FOR CHILD POVERTY AT 33.3%.

**Part VI Supplemental Information**

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PROMOTION OF COMMUNITY HEALTH

FOR OVER 110 YEARS, MARION GENERAL HOSPITAL HAS ACTIVELY ENGAGED OUR COMMUNITY BY PROVIDING SUPPORT AND LEADERSHIP IN IDENTIFYING AND ADDRESSING HEALTHCARE NEEDS AND CONCERNS. MGH IS DEDICATED TO PROMOTING WELLNESS IN OUR REGION THROUGH PARTNERSHIPS WITH MORE THAN 25 LOCAL ORGANIZATIONS AND OFFERING MORE THAN 80 HEALTH-EDUCATIONAL MATERIALS AND PROGRAMS THROUGHOUT OUR COMMUNITY. THE HOSPITAL'S COMMITMENT IS INTEGRATED AND COMMUNICATED IN THE MISSION AND VISION STATEMENT AND IN ANNUAL STRATEGIC INITIATIVES.

IN 2015, MGH'S COMMUNITY OUTREACH EDUCATION FOCUSED ON THE HEALTH NEEDS OF OUR COMMUNITY WITH AN ACTIVE COMMUNITY OUTREACH PROGRAM UTILIZING EMPLOYEES FROM EVERY DEPARTMENT. THE MGH PARISH NURSE PROGRAM COORDINATED HEALTH EDUCATION MATERIALS, HEALTH SCREENINGS, AND HEALTH COUNSELING IN 77 CHURCHES THROUGH 144 UNPAID PARISH NURSES. MGH PROVIDED HEALTH EDUCATION ON A WIDE RANGE OF TOPICS IN SCHOOLS, UNIVERSITIES, DAYCARES, AREA EVENTS, HEALTH SPEAKING ENGAGEMENTS, COMMUNITY BOARDS AND COALITIONS, AND NUMEROUS MEDIA VENUES.



**Part VI Supplemental Information**

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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HEALTH EDUCATION TOPICS EMPHASIZED IN FY2015 INCLUDED: DIABETES, HEALTHY WEIGHT, STROKE PREVENTION, SEXUALLY TRANSMITTED DISEASES AND INFECTIONS, CARDIAC HEALTH, NUTRITION AND EXERCISE, TOBACCO CESSATION, DEPRESSION, DIABETIC DISEASE MANAGEMENT (INCLUDING FOOT CARE AND EYE CARE), CAR SEAT SAFETY INSPECTIONS, ALCOHOL AND DRUG ABUSE. PREVENTION PROGRAMS ON SIDS, STD'S , STI'S, CANCER, AND HEART DISEASE. SCREENING PROGRAMS: COMMUNITY BASED: DIABETES, HYPERTENSION, ANEMIA, LIPIDEMIA, THYROID, SICKLE CELL ANEMIA AND PROSTATE. HOSPITAL BASED SCREENINGS: CARDIOVASCULAR, CARDIAC CAT SCAN CALCIUM SCORE, PROSTATE MRI.

OUR CONTINUED PARTNERSHIP WITH BRIDGES TO HEALTH, GRANT COUNTY'S FREE HEALTH CLINIC, PROVIDES MUCH NEEDED SAFETY NET FOR MEDICAL AND DENTAL SERVICES FOR UNINSURED RESIDENTS.

OTHER HIGHLIGHTS FROM FY2015 INCLUDE: 1) MGH CONTINUES TO EXPAND AND ADD PARTNERS AS PHASE TWO OF THE IMPLEMENTATION PLAN (CEASE DIABETES -

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COMMUNITY: EDUCATION, AWARENESS, SUPPORT, EMPOWERMENT) WORKING WITH AREA K-12 SCHOOLS, UNIVERSITIES, COMMUNITY AGENCIES, PHARMACEUTICAL COMPANIES, EYE CARE PROVIDERS AND SERVICE PROVIDERS TO PARTICIPATE IN THE COMMUNITY DIABETES DISEASE MANAGEMENT AND DETECTION. AREA PRIMARY CARE PROVIDERS ARE UTILIZING SEVERAL EVIDENCE-BASED BENCHMARKS TO ENHANCE CARE FOR DIABETICS WHILE ADDING ADDITIONAL OPPORTUNITIES TO REDUCE BARRIERS AND PATIENT COMPLIANCE ISSUES. MGH PROVIDED CEASE DIABETES EDUCATION AND AWARENESS TO NEW PARTNERS. 2) THE CEASE PROGRAM INCREASE ITS ACTIVITIES IN THE OUTLYING AREAS OF THE COUNTY. 4) MGH CONTINUED TO INCREASE ACCESS TO PRIMARY CARE WITH THE MGH ACCESS PROGRAM. 3) MARION GENERAL HOSPITAL RENEWED THE BUILDING LEASE FOR BRIDGES TO HEALTH BY DONATING OVER 5,000 SQ. FT OF CLINIC SPACE FOR \$1/YEAR, AND CONTINUES TO BE BRIDGES LARGEST FINANCIAL DONOR. 4) MGH HAS CERTIFIED NAVIGATORS AVAILABLE FOR THE COMMUNITY TO ASSIST WITH ENROLLMENT IN THE HEALTHY INDIANA PLAN PLUS AND THE AFFORDABLE CARE ACT PRODUCT INSURANCE OPTIONS. 5) MGH IS COMMITTED TO RECRUITMENT AND RETENTION OF PROVIDERS FOR OUR MEDICALLY UNDERSERVED SPECIALTIES. 6) MGH CONTINUED TO EXPAND HEALTH SCREENING LOCATIONS. AND, 7) MGH IS THE AMERICAN HEART ASSOCIATION TRAINING CENTER FOR THE

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COMMUNITY. MGH RESPONDED TO THE NEED COMMITTING STAFF AND EQUIPMENT TO SUPPORT CPR CLASSES AND INSTRUCTORS WHEN THE VAMC DECIDED TO CLOSE THEIR TRAINING CENTER (OVER 3000 COMMUNITY CPR CARDS GIVEN). THIS IS THE ONLY LOCAL SUPPORT OPTION AVAILABLE FOR CPR.

MGH IS COMMITTED TO OUR MISSION STATEMENT OF PROMOTING WELLNESS IN OUR HEALTHCARE COMMUNITY. MGH IS A STRONG CORPORATE CITIZEN OF THE COMMUNITY AND SECOND LARGEST EMPLOYER. LOCAL RESIDENTS AND HEALTH GROUPS LOOK TO MGH FOR LEADERSHIP AND GUIDANCE IN MANY AREAS. MGH PROVIDED OPPORTUNITIES FOR EMPLOYEES TO SERVE ON COMMUNITY BOARDS AND PROGRAMS INCLUDING THE GRANT COUNTY DEPARTMENT OF HEALTH, GRANT COUNTY ECONOMIC GROWTH COUNCIL, MARION-GRANT CHAMBER OF COMMERCE, BRIDGES TO HEALTH, MAIN STREET MARION, HEAD START, YMCA, CAREY SERVICES DOWNTOWN REVITALIZATION GROUP, INDIANA WESLEYAN UNIVERSITY ADVISORY TEAMS, BOYS AND GIRLS CLUB, MARION PHILHARMONIC, UNITED WAY CHAIRMAN, CIRCLES (OUT OF POVERTY PROGRAM), AND OTHER COMMUNITY NON-PROFIT BOARDS. OUR EMPLOYEES SERVED AS INNOVATIVE LEADERS CREATING OPPORTUNITIES TO EDUCATE AND SERVE OUR COMMUNITY ABOUT HEALTH ISSUES, INTERVENTIONS, AND OUTCOMES.

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MGH IS COMMITTED TO BUILDING OUR COMMUNITY. WE HAVE BEEN INVOLVED WITH ECONOMIC GROWTH, EDUCATION INITIATIVES, CAPITAL IMPROVEMENTS, AND PARTICIPATION IN AREA CHAMBERS. MANY ORGANIZATIONS HAVE RECOGNIZED AND APPLAUDED OUR COMMITMENT TO BUILDING AND SUSTAINING OUR HEALTHCARE COMMUNITY. IN ADDITION, MGH HAS WORKED VERY CLOSELY WITH OUR AREA EDUCATIONAL INSTITUTIONS (FROM PRESCHOOL TO UNIVERSITY LEVEL) TO EXECUTE OUR COUNTY-WIDE COMMUNITY HEALTH PROFILE. MGH HAS RAISED THE STANDARD FOR COMMUNITY INVOLVEMENT THROUGH EDUCATIONAL AND OUTREACH PROGRAMS, FISCAL SUPPORT, AND PARTNERSHIPS GEARED TO IMPROVE THE HEALTH OF OUR COMMUNITY.

STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA