

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b>	<b>SAINT JOSEPH REGIONAL MEDICAL CENTER- SOUTH BEND CAMPUS, INC.</b>	<b>Employer identification number</b>	<b>35-0868157</b>
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**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	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<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 <i>free</i> 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 _____ %	<input checked="" type="checkbox"/>	
<b>b</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: <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 _____ %	<input checked="" type="checkbox"/>	
<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"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
<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?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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**

	(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>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			3074057.		3074057.	.81%
<b>b</b> Medicaid (from Worksheet 3, column a)			90945464.	67256997.	23688467.	6.23%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs			94019521.	67256997.	26762524.	7.04%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	12	152,143	2235693.	953,613.	1282080.	.34%
<b>f</b> Health professions education (from Worksheet 5)	5	25	7313081.	2962624.	4350457.	1.14%
<b>g</b> Subsidized health services (from Worksheet 6)	5	23,797	5448136.	2049850.	3398286.	.89%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	7	325,548	1923635.	1894042.	29,593.	.01%
<b>j Total.</b> Other Benefits	29	501,513	16920545.	7860129.	9060416.	2.38%
<b>k Total.</b> Add lines 7d and 7j	29	501,513	110940066	75117126.	35822940.	9.42%

**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	1		599.		599.	.00%
2 Economic development	1		1,500.		1,500.	.00%
3 Community support	2		1,541.		1,541.	.00%
4 Environmental improvements						
5 Leadership development and training for community members	1		2,180.		2,180.	.00%
6 Coalition building	1		5,635.	1,452.	4,183.	.00%
7 Community health improvement advocacy						
8 Workforce development	1		700.	235.	465.	.00%
9 Other						
10 <b>Total</b>	<b>7</b>		<b>12,155.</b>	<b>1,687.</b>	<b>10,468.</b>	<b>.00%</b>

**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? .....	1	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 .....	2	18,070,033.
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 .....	3	0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	65,600,565.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	76,433,386.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-10,832,821.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <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 %



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group: SJRMCSOUTH BEND CAMPUS

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <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 significant 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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>20</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

		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? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<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>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance status		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
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):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <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"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
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)		

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

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

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

	Yes	No
<b>22</b> 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:		
<b>a</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? .....	<b>23</b>	<b>X</b>
If "Yes," explain in Section C.		
<b>24</b> 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? .....	<b>24</b>	<b>X</b>
If "Yes," explain in Section C.		

Schedule H (Form 990) 2022

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SJRCM-SOUTH BEND CAMPUS:

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

PART V, SECTION B, LINE 3E:

SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND (SJRCM-SOUTH BEND)

INCLUDED IN ITS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WRITTEN REPORT A

PRIORITIZED LIST AND DESCRIPTION OF THE COMMUNITY'S SIGNIFICANT HEALTH

NEEDS, WHICH WERE IDENTIFIED THROUGH THE MOST RECENTLY CONDUCTED CHNA.

THE FOLLOWING COMMUNITY HEALTH NEEDS WERE DEEMED SIGNIFICANT AND WERE

PRIORITIZED THROUGH A COMMUNITY-INVOLVED SELECTION PROCESS:

1. ACCESS TO MENTAL HEALTH CARE

2. IMPROVE NUTRITION AND EATING HABITS

3. ACCESS TO WELLNESS RESOURCES (FRESH FOODS, NUTRITION CLASSES, GYMS,  
ETC.)

4. ACCESS/AFFORDABILITY OF MEDICATION

5. INCREASE PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS

SJRCM-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 5: DURING THE MONTHS OF AUGUST THROUGH NOVEMBER

OF 2020, SURVEYS WERE USED TO GATHER INPUT FOR THE CHNA FROM PEOPLE

REPRESENTING THE COMMUNITY SERVED BY THE HOSPITAL. SURVEYS WERE

DISTRIBUTED IN ONLINE AND PRINTED FORMATS IN BOTH ENGLISH AND SPANISH,

WHICH ENSURED A WIDE DISTRIBUTION OF THE SURVEY. THIS SURVEY WAS DELIVERED

VIA INVITATION BASED ON A STRATIFIED RANDOM SAMPLING OF THE



**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY-AT-LARGE USING A THIRD-PARTY DATABASE.

TO ENSURE THE SURVEY SAMPLE REFLECTED A WIDE VARIETY OF SOCIOECONOMIC LEVELS, AGE AND RACE/ETHNICITY, IT WAS OFFERED TO COMMUNITY GROUPS VIA ORGANIZATIONS SUCH AS LA CASA DE AMISTAD, THE CENTER FOR THE HOMELESS, UNITED WAY OF ST. JOSEPH COUNTY, AND AT LOCAL FOOD PANTRIES. THESE GROUPS REPRESENT THE MEDICALLY UNDERSERVED, MINORITIES, LOW-INCOME INDIVIDUALS, ENTREPRENEUR GROUPS, HEALTH CARE WORKERS, ETC. THE COVID-19 PANDEMIC PREVENTED THE USE OF COMMUNITY EVENTS TO REACH MORE SURVEY PARTICIPANTS OR TO GAIN ADDITIONAL INSIGHT FROM INDIVIDUALS AS WAS DONE IN THE PAST. THIS RESULTED IN A LOWER SURVEY VOLUME THAN WAS SEEN IN PREVIOUS YEARS. THE PRINTED COPY OF THE SURVEY WAS ALSO USED WITH COMMUNITY GROUPS TO FACILITATE BROAD-BASED REPRESENTATION OF THE SENIOR 65+ AND UNDERSERVED POPULATIONS. THE SURVEY PARTICIPANTS WERE ASKED A SERIES OF QUESTIONS ABOUT TOPICS CRITICAL TO THE HEALTH OF THE COMMUNITY. A TOTAL OF 2,683 SURVEYS WERE COLLECTED, 1,402 OF WHICH WERE FOR ST. JOSEPH COUNTY.

COMMUNITY HEALTH ADVISORY COMMITTEE MET ON FEBRUARY 26, 2021 TO DISCUSS HOW TO IMPROVE THE TOP FIVE IDENTIFIED NEEDS. MEMBERS OF THE COMMUNITY HEALTH ADVISORY COMMITTEE INCLUDED: YOUNG PROFESSIONALS, HEALTH EDUCATORS, PARKS DEPARTMENT EMPLOYEES, SENIORS, CLINICS, BUSINESS LEADERS, VETERANS, AND LATINO COMMUNITY LEADERS. THE FOCUS GROUPS WERE ASKED TO DISCUSS ISSUES THAT HAD BEEN IDENTIFIED AS IMPORTANT BY SAINT JOSEPH HEALTH SYSTEM.

SAINT JOSEPH HEALTH SYSTEM (SJHS) COMPLETED A COMPREHENSIVE CHNA THAT WAS ADOPTED BY THE BOARD OF DIRECTORS ON MAY 28, 2021. SJHS PERFORMED THE CHNA

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN COMPLIANCE WITH FEDERAL REQUIREMENTS FOR NOT-FOR-PROFIT HOSPITALS SET FORTH IN THE AFFORDABLE CARE ACT AND BY THE INTERNAL REVENUE SERVICE. THE ASSESSMENT TOOK INTO ACCOUNT INPUT FROM REPRESENTATIVES OF THE COMMUNITY, COMMUNITY MEMBERS, AND VARIOUS COMMUNITY ORGANIZATIONS.

SJRCM-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS.

SJRCM-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED WITH THE FOLLOWING COLLABORATING ORGANIZATIONS: BETHEL UNIVERSITY, BOYS AND GIRLS CLUBS OF ST. JOSEPH COUNTY, BOYS AND GIRLS CLUBS OF MARSHALL COUNTY, BOWEN CENTER, FOOD BANK OF NORTHERN INDIANA, INDIANA HEALTH INFORMATION EXCHANGE, LA CASA DE AMISTAD, MISHAWAKA PARKS DEPARTMENT, MARSHALL COUNTY BOARD OF HEALTH, MARSHALL COUNTY COUNCIL ON AGING, MARSHALL COUNTY NEIGHBORHOOD CENTER, OAKLAWN PSYCHIATRIC CENTER, PLYMOUTH SCHOOL BOARD, POOR HANDMAIDS, PURDUE EXTENSION, ST. JOSEPH COUNTY HEALTH DEPARTMENT, UNITED RELIGIOUS COMMUNITY OF ST. JOSEPH COUNTY, UNITY GARDENS, UNITED WAY OF MARSHALL COUNTY, UNITED WAY OF ST. JOSEPH COUNTY, AND UNIVERSITY OF NOTRE DAME.

SJRCM-SOUTH BEND CAMPUS:

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

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**SJRMCM-SOUTH BEND CAMPUS:**

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

**ACTIVITIES CONDUCTED TO ADDRESS THE NEEDS IN FY23 INCLUDED:**

TO IMPROVE ACCESS TO MENTAL HEALTH, A PORTION OF SJRMCM-SOUTH BEND'S HEALTH AND WELLNESS EDUCATORS TIME CONTINUED TO ADDRESS MULTIPLE CONCERNS FOR OUR LATINO COMMUNITY, INCLUDING THE PROVISION OF QUARTERLY MENTAL HEALTH WORKSHOPS THROUGH LA SALUD EN ACCION PROGRAM. TO INCREASE ACCESS TO CLINICAL SERVICES, SJRMCM-SOUTH BEND CONTINUES TO SUPPORT OAKLAWN'S WORK TOWARDS SAME-DAY ACCESS FOR REFERRED PATIENTS, GIVING THE COMMUNITY ACCESS TO MENTAL HEALTH SERVICES INCLUDING SPEAKING WITH A THERAPIST AND RECEIVING TREATMENT RECOMMENDATIONS WITHIN THE FIRST 24 HOURS FOLLOWING A REQUEST. TO INCREASE AWARENESS SURROUNDING MENTAL HEALTH IN OUR COMMUNITIES, SJRMCM-SOUTH BEND'S PHARMACY RESIDENCY PROGRAM AND SMOKE FREE ST. JOE ATTENDED THE 525 FOUNDATION'S SAY BOO TO DRUGS EVENT, WHERE EDUCATIONAL MATERIALS WERE PROVIDED TO IMPROVE MENTAL HEALTH AND

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MEDICATION SAFETY FOR OVER 2,000 PARTICIPANTS. ADDITIONALLY, SJRMC-SOUTH BEND CONTINUED TO FOCUS ON HARM REDUCTION EFFORTS FOR AREA YOUTH BY INVITING SCHOOL HEALTH STAFF AT 35 AREA SCHOOLS TO RECEIVE TRAINING IN YOUTH MENTAL HEALTH FIRST AID, EQUIPPING THEM TO MEET THE INCREASED NEEDS OF THE YOUTH THEY INTERACT WITH DAILY. FURTHERMORE, SJRMC-SOUTH BEND LOOKED TO INCREASE THE INCLUSIVITY OF THEIR CARE BY OFFERING THEIR WORKFORCE TO IDENTIFY AS BI-LINGUAL WITH A NAME BADGE EXTENSION, ALLOWING THEM TO PROVIDE A WARMER WELCOME TO NON-ENGLISH SPEAKING PATIENTS AND VISITORS AND INVITING THEM TO ASSIST WITH NON-MEDICAL INTERPRETATIONS, QUESTIONS, AND GREETINGS.

TO IMPROVE NUTRITION AND EATING HABITS, SJRMC-SOUTH BEND FY22 SPONSORSHIP OF THE CENTER FOR HOMELESS' RENOVATION OF THEIR CHAPEL SPACE AND SECOND-FLOOR KITCHENETTE CONTINUED TO TAKE SHAPE. RENOVATIONS WERE COMPLETED IN FY23, ALLOWING THE FORMER CHAPEL SPACE TO BE USED AS A MULTI-PURPOSE SPACE FOR PHYSICAL, SPIRITUAL, AND EMOTIONAL HEALTH. THE COMPLETED KITCHENETTE WAS DESIGNED TO BE USED AS A HEALTHY, BETWEEN MEALS FOOD PANTRY/HEALTHY CORNER STORE. ALL RESIDENTS CAN USE THE RENOVATED CHAPEL, AND ON AVERAGE, 22 WOMEN AND CHILDREN LIVING IN THE FAMILY DORM HAVE ACCESS TO HEALTHY, FRESH, AND ON-THE-GO SNACKS. SJRMC-SOUTH BEND DIABETES PREVENTION PROGRAM (DPP) CLASSES CONTINUED FOR COUNTY MEMBERS, VETERANS, VULNERABLE POPULATIONS, AND SAINT JOSEPH HEALTH CENTER EMPLOYEES, IN-PERSON AND VIRTUALLY, IN BOTH ENGLISH AND SPANISH. DPP GREW BY THREE COHORTS DURING FY23. FOOD INSECURITY WAS ALSO COMBATED IN OUR COMMUNITIES BY BRINGING FRESH PRODUCE, WHOLE GRAINS, AND REDUCED SODIUM TO OUR SERVICE AREA THROUGH MOBILE FOOD PANTRIES, SERVING 350+ INDIVIDUALS, IN COLLABORATION WITH THE NORTHERN FOOD BANK OF INDIANA. SJRMC-SOUTH BEND

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OFFERED ATTENDEES SALT-FREE SEASONING TO ENCOURAGE HEALTHY COOKING AND DECREASE SODIUM INTAKE FOR THOSE MOST AT RISK FOR CHRONIC DISEASE PREVALENCE. SJRMC-SOUTH BEND CONTINUED TO REDUCE FOOD INSECURITY BY FINANCIALLY SUPPORTING CULTIVATE FOOD RESCUE'S BACKPACK PROGRAM, WHICH PROVIDES HEALTHY, NUTRITIOUS MEALS TO STUDENTS OVER THE 68-HOUR HUNGER GAP THAT OCCURS BETWEEN FRIDAY EVENING AND MONDAY MORNING, THEREBY IMPROVING THEIR PHYSICAL, ACADEMIC, AND SOCIAL OUTCOMES. SJRMC-SOUTH BEND ALSO ADDRESSED THE NUTRITION AND EATING HABITS OF THE BROADER POPULATION BY HOSTING A SLOW COOKER COOKING CLASS IN PARTNERSHIP WITH UNITY GARDENS AND PURDUE EXTENSION. MEMBERS OF THE LATINO COMMUNITY AND THEIR CHILDREN GATHERED TO LEARN HOW TO PROPERLY PREPARE FOOD IN A SLOW COOKER, SAMPLED TWO RECIPES, AND RECEIVED A SLOW COOKER FOLLOWING THE CLASS TO HELP THEM IMPLEMENT THE DEMONSTRATED SKILLS AT HOME.

TO INCREASE ACCESS TO WELLNESS RESOURCES, BI-LINGUAL QR CODES AND WINDOW CLINGS LINKING THE COMMUNITY TO VARIOUS RESOURCES AND FREE PROGRAMS WERE DISTRIBUTED TO COMMUNITY ORGANIZATIONS AND PARTNERS AS WELL AS AT COMMUNITY EVENTS AND VACCINATION CLINICS IN ST. JOSEPH COUNTY. THE PURPOSE WAS TO REENGAGE THE COMMUNITY IN A NEW WAY SINCE THE ONSET OF THE COVID-19 PANDEMIC. TO FURTHER ADDRESS HEALTH DISPARITIES, THESE RESOURCE MATERIALS WERE DISTRIBUTED WITH PARTICULAR ATTENTION TO AREAS IN THE COUNTY WITH HIGH VISIBILITY FOR VULNERABLE POPULATIONS. COLLABORATIVE WORK WITH ORGANIZATIONS SERVING THESE VULNERABLE POPULATIONS LED TO A MORE ROBUST DATABASE; FOR EXAMPLE, SJRMC-SOUTH BEND ASSISTED THE LGBTQ CENTER IN LISTING ITS ORGANIZATION AND PROGRAMS IN THE COMMUNITY DIRECTORY, INCREASING THE BREADTH OF ADVERTISED RESOURCES AVAILABLE FOR THOSE WHO IDENTIFY AS LGTBTQ+ IN OUR SERVICE AREA.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO ACHIEVE INCREASED PARTICIPATION IN PHYSICAL ACTIVITIES AND EXERCISE PROGRAMS, SJRMC-SOUTH BEND PARTNERED WITH SJRMC-PLYMOUTH TO ENGAGE 126 CLASSROOMS IN SAINT JOSEPH AND MARSHALL COUNTIES IN A WELLNESS CHALLENGE; PARTICIPATING STUDENTS REPORTED AN AVERAGE OF 1,600 MINUTES OF ACTIVITY OUTSIDE THEIR SCHOOL DAY DURING THE MONTH OF FEBRUARY. TO INCREASE PHYSICAL ACTIVITY WITHIN THE SENIOR POPULATION, SENIOR FIT, A CARDIO AND BALANCE EXERCISE CLASS THAT SJRMC-SOUTH BEND SUCCESSFULLY OPERATED PRIOR TO THE PANDEMIC, WAS RESTARTED WITH TWO CLASSES PER WEEK IN ST. JOSEPH COUNTY. SJRMC-SOUTH BEND ALSO HOSTED A YOUTH ENRICHMENT DAY FOR 40 AT-RISK YOUTH, WHO LEARNED ABOUT THE DANGERS OF TOBACCO, BENEFITS OF EATING WELL, AND THE IMPORTANCE OF POSITIVITY; THE PHYSICAL ACTIVITY PORTION OF THE DAY WAS LED BY THE NOTRE DAME MEN'S BASKETBALL TEAM.

SJRMC-SOUTH BEND DID NOT DIRECTLY ADDRESS ACCESS/AFFORDABILITY OF MEDICATION DUE TO COMPETING PRIORITIES. THE NEED FOR AFFORDABLE MEDICATION IS BEING ADDRESSED AT SISTER MAURA BRANNICK HEALTH CENTER, A LOW-COST HEALTH CLINIC IN ST. JOSEPH COUNTY OPERATED BY THE HOSPITAL. THIS CENTER PROVIDES PRIMARY HEALTH CARE SERVICES AND MEDICATIONS TO INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED AND WHO FALL BELOW 200% OF THE FEDERALLY DESIGNATED POVERTY LEVEL. THIS HEALTH CENTER ADDRESSES PREVENTION OF DISEASE AND ILLNESS AND FOCUSES ON THE OVERALL HEALTH AND WELL-BEING OF EACH PATIENT. IN ADDITION TO PRIMARY AND PREVENTATIVE HEALTH CARE SERVICES, THE CLINIC OFFERS SPECIALTY CARE PROVIDED TO OUR PATIENTS BY VOLUNTEER PHYSICIANS.

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SJRMCM-SOUTH BEND CAMPUS:

PART V, SECTION B, LINE 13H: THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL AND/OR SOCIAL INFORMATION. THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON AVAILABLE INFORMATION. EXAMPLES OF PRESUMPTIVE CASES INCLUDE: DECEASED PATIENTS WITH NO KNOWN ESTATE, THE HOMELESS, UNEMPLOYED PATIENTS, NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS, PATIENT BANKRUPTCIES, AND MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.

FOR THE PURPOSE OF HELPING FINANCIALLY NEEDY PATIENTS, A THIRD PARTY IS UTILIZED TO CONDUCT A REVIEW OF PATIENT INFORMATION TO ASSESS FINANCIAL NEED. THIS REVIEW UTILIZES A HEALTH CARE INDUSTRY-RECOGNIZED, PREDICTIVE MODEL THAT IS BASED ON PUBLIC RECORD DATABASES. THESE PUBLIC RECORDS ENABLE THE HOSPITAL TO ASSESS WHETHER THE PATIENT IS CHARACTERISTIC OF OTHER PATIENTS WHO HAVE HISTORICALLY QUALIFIED FOR FINANCIAL ASSISTANCE UNDER THE TRADITIONAL APPLICATION PROCESS. IN CASES WHERE THERE IS AN 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.

SJRMCM-SOUTH BEND CAMPUS

PART V, LINE 16A, FAP WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTANCE

**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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SJRCM-SOUTH BEND CAMPUS

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTANCE

SJRCM-SOUTH BEND CAMPUS

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

WWW.SJMED.COM/PATIENTS-VISITORS/BILLING-AND-ASSISTANCE/FINANCIAL-ASSISTANCE

SJRCM - SOUTH BEND - PART V, SECTION B, LINE 9:

AS PERMITTED IN THE FINAL SECTION 501(R) REGULATIONS, THE HOSPITAL'S IMPLEMENTATION STRATEGY WAS ADOPTED WITHIN 4 1/2 MONTHS AFTER THE FISCAL YEAR END THAT THE CHNA WAS COMPLETED AND MADE WIDELY AVAILABLE TO THE PUBLIC.

FORM 990 PART V, SECTION B, LINE 7A - HOSPITAL FACILITY'S WEBSITE URL:

WWW.SJMED.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2021

FORM 990 PART V, SECTION B, LINE 10 - HOSPITAL FACILITY'S WEBSITE URL:

WWW.SJMED.COM/ABOUT-US/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-2022





**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 (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

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

PART I, LINE 6A:

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

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

PART I, LINE 7:

THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE COST AMOUNTS REPORTED IN ITEM 7. FOR CERTAIN CATEGORIES, PRIMARILY TOTAL CHARITY CARE AND

**Part VI** Supplemental Information (Continuation)

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, \$18,070,033, 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:

OVER THE COURSE OF THE PAST YEAR, KEY CONTRIBUTIONS BY SJRMC-SOUTH BEND FOR COMMUNITY BUILDING ACTIVITIES INCLUDED CASH AND IN-KIND CONTRIBUTIONS AND COALITION BUILDING. MANY OF THE COMMUNITY BUILDING PROGRAMS AND ORGANIZATIONS SJRMC-SOUTH BEND SUPPORTED AID LOW-INCOME OR VULNERABLE POPULATIONS AND/OR OFFER EDUCATION TO MEMBERS OF THE COMMUNITY WHO HELP THOSE POPULATIONS.

COMMUNITY SUPPORT: CASH AND IN-KIND DONATIONS WERE MADE IN SUPPORT OF THE FOLLOWING COMMUNITY ORGANIZATIONS: BIG BROTHERS BIG SISTERS, WHO STRENGTHEN THE RESILIENCE OF YOUTH IMPACTED BY ADVERSE CHILDHOOD EXPERIENCES IN OUR COMMUNITIES; THE MISHAWAKA EDUCATION FOUNDATION, WHO PROVIDES EDUCATIONAL ENRICHMENT AND FUNDING TO THE STUDENTS AND TEACHERS OF SCHOOL CITY OF MISHAWAKA'S EDUCATION CORPORATION; AND THE SOUTH BEND EDUCATION FOUNDATION, WHO ADVOCATES, PROMOTES AND FUNDS INITIATIVES TO

**Part VI** Supplemental Information (Continuation)

ENRICH LEARNING EXPERIENCES FOR STUDENTS AND STAFF OF THE SOUTH BEND  
COMMUNITY SCHOOL CORPORATION.

COALITION BUILDING WAS ACHIEVED THROUGH STAFF HOURS DEVOTED TO SERVICE ON  
THE FOLLOWING BOARDS: RIVER BEND CANCER SERVICES, WHICH IMPROVES THE  
QUALITY OF LIFE OF CANCER SURVIVORS AND THEIR FAMILIES IN OUR COMMUNITY  
THROUGH ADVOCACY, SUPPORT AND INNOVATIVE EDUCATIONAL PROGRAMS; OAKLAWN  
PSYCHIATRIC CENTER, THE LEADING PROVIDER OF MENTAL HEALTH AND ADDICTION  
SERVICES IN ELKHART AND ST. JOSEPH COUNTIES; PHM EDUCATION FOUNDATION,  
WHICH IS DEDICATED TO SUPPORTING OUR TEACHERS AND STUDENTS THROUGH  
INNOVATIVE CLASSROOM GRANTS AND SUPPORTING SEVERAL HEALTH INITIATIVES FOR  
STUDENTS IN GRADES K-12 IN OUR COMMUNITY; THE HEALTH IMPROVEMENT ALLIANCE,  
WHICH WORKS TO IMPROVE THE OVERALL HEALTH AND WELL-BEING OF OUR COMMUNITY  
BY FACILITATING PARTNERSHIPS, GROWING OPPORTUNITIES, AND CREATING A STRONG  
PUBLIC HEALTH INFRASTRUCTURE AND WORKFORCE; THE ROBINSON COMMUNITY  
LEARNING CENTER, WHICH STRENGTHENS THE NORTHEAST NEIGHBORHOOD OF SOUTH  
BEND THROUGH RELATIONSHIP BUILDING AND EDUCATIONAL OPPORTUNITIES; AND  
UNITED HEALTH SERVICES, WHICH IS A FAMILY OF AGENCIES AND PROGRAMS THAT  
FOCUSES ON THE FOLLOWING FIVE ACTIVE PROGRAM: THE BREAST HEALTH PROGRAMS,  
COMMUNITY SERVICES WITH ALL DEAF, COVERING KIDS AND FAMILIES OF UNITED  
HEALTH SERVICES, THE DIABETES RESOURCE CENTER, AND THE SUICIDE PREVENTION  
CENTER.

ADDITIONAL SUPPORT WAS PROVIDED TO COMMUNITY PARTNERS WHO FOCUS THEIR WORK  
IN THE FOLLOWING AREAS: ECONOMIC DEVELOPMENT SUPPORT FOR THE SOUTH BEND  
CHAMBER OF COMMERCE, WHICH PROMOTES BUSINESS GROWTH THROUGH RELATIONSHIPS,  
ADVOCACY AND ACCESS TO RESOURCES; LEADERSHIP DEVELOPMENT SUPPORT FOR THE  
SOUTH BEND HERITAGE FOUNDATION, WHICH IS COMMITTED TO THE STABILIZATION

**Part VI** Supplemental Information (Continuation)

AND ENHANCEMENT OF NEIGHBORHOODS IN OUR UNDERSERVED POPULATIONS AND RAISING MINORITY VOICE THROUGH OUTREACH AND AWARENESS ACTIVITIES; PHYSICAL IMPROVEMENT SUPPORT FOR THE UNDERSERVED TO REBUILDING TOGETHER, WHICH HELPS PEOPLE WHO CANNOT OTHERWISE AFFORD TO REPAIR AND MODIFY THEIR HOMES TO MAKE THEM SAFER AND HEALTHIER; AND WORKFORCE DEVELOPMENT FOR ST. VINCENT DE PAUL, WHICH SUPPORTS PROGRAMS INTENDED TO RELIEVE EMERGENCIES, TO PROVIDE SUPPORT, AND TO ENCOURAGE SELF-SUFFICIENCY TO THE POOR AND UNDERSERVED IN ST. JOSEPH COUNTY.

PART III, LINE 2:

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

PART III, LINE 3:

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

**Part VI** Supplemental Information (Continuation)

SHOULD HAVE BEEN IDENTIFIED THROUGH THE PREDICTIVE MODEL.

PART III, LINE 4:

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

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

PART III, LINE 5:

TOTAL MEDICARE REVENUE REPORTED IN PART III, LINE 5 HAS BEEN REDUCED BY

Part VI Supplemental Information (Continuation)

THE TWO PERCENT SEQUESTRATION REDUCTION.

PART III, LINE 8:

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

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

PART III, LINE 9B:

THE HOSPITAL'S COLLECTION POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CHARITY DISCOUNTS ARE APPLIED TO THE AMOUNTS THAT QUALIFY FOR FINANCIAL ASSISTANCE. THE HOSPITAL HAS IMPLEMENTED BILLING AND COLLECTION PRACTICES FOR PATIENT PAYMENT OBLIGATIONS THAT ARE FAIR, CONSISTENT AND COMPLIANT WITH STATE AND FEDERAL REGULATIONS.

PART VI, LINE 2:

**Part VI** Supplemental Information (Continuation)

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

PART VI, LINE 3:

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

FINANCIAL COUNSELORS MAKE AFFIRMATIVE EFFORTS TO HELP PATIENTS APPLY FOR PUBLIC AND PRIVATE PROGRAMS FOR WHICH THEY MAY QUALIFY AND THAT MAY ASSIST THEM IN OBTAINING AND PAYING FOR HEALTH CARE SERVICES. EVERY EFFORT IS



**Part VI** Supplemental Information (Continuation)

MADE TO DETERMINE A PATIENT'S ELIGIBILITY PRIOR TO OR AT THE TIME OF  
ADMISSION OR SERVICE.

SJRCM-SOUTH BEND OFFERS FINANCIAL SUPPORT TO PATIENTS WITH LIMITED MEANS.  
NOTIFICATION ABOUT FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS, INCLUDING  
CONTACT INFORMATION, IS AVAILABLE THROUGH PATIENT BROCHURES, MESSAGES ON  
PATIENT BILLS, POSTED NOTICES IN PUBLIC REGISTRATION AREAS INCLUDING  
EMERGENCY ROOMS, ADMITTING AND REGISTRATION DEPARTMENTS, AND OTHER PATIENT  
FINANCIAL SERVICES OFFICES. SUMMARIES OF HOSPITAL PROGRAMS ARE MADE  
AVAILABLE TO APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND  
OTHER ORGANIZATIONS THAT ASSIST PEOPLE IN NEED. INFORMATION REGARDING  
FINANCIAL ASSISTANCE AND GOVERNMENT PROGRAMS IS ALSO AVAILABLE ON HOSPITAL  
WEBSITES. IN ADDITION TO ENGLISH, THIS INFORMATION IS ALSO AVAILABLE IN  
OTHER LANGUAGES AS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R),  
REFLECTING OTHER PRIMARY LANGUAGES SPOKEN BY THE POPULATION SERVICED BY  
OUR HOSPITAL.

PART VI, LINE 4:

COMMUNITY INFORMATION - SJRCM-SOUTH BEND SERVES APPROXIMATELY 903,000  
PEOPLE IN A DIVERSE NINE-COUNTY HEALTH SYSTEM MARKET AREA IN INDIANA AND  
MICHIGAN AT TWO HOSPITAL CAMPUSES, ONE IN MISHAWAKA AND ONE IN PLYMOUTH.  
THE PRIMARY SERVICE AREA INCLUDES ST. JOSEPH, MARSHALL, AND ELKHART  
COUNTIES IN INDIANA, WHILE THE SECONDARY SERVICE AREA ENCOMPASSES FULTON,  
LA PORTE, PULASKI, AND STARKE COUNTIES IN INDIANA, AS WELL AS BERRIEN AND  
CASS COUNTIES IN MICHIGAN.

THE SERVICE AREA INCLUDES SEVERAL MEDICALLY UNDERSERVED AREAS (MUA) AND  
MEDICALLY UNDERSERVED POPULATIONS (MUP). IN INDIANA, THESE INCLUDE

**Part VI** Supplemental Information (Continuation)

PORTIONS OF ELKHART, LAPORTE, AND ST. JOSEPH COUNTIES. IN MICHIGAN, THEY INCLUDE PORTIONS OF BERRIEN, CASS, AND ST. JOSEPH COUNTIES.

OTHER COMMUNITY HOSPITALS IN THE PRIMARY SERVICE AREA INCLUDE MEMORIAL HOSPITAL OF SOUTH BEND, ELKHART GENERAL HOSPITAL, AND GOSHEN HOSPITAL TO THE EAST, IN ELKHART COUNTY. HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA INCLUDE NORTHWEST HEALTH LA PORTE HOSPITAL AND SAINT ANTHONY'S HOSPITAL TO THE WEST IN LA PORTE COUNTY, AND TO THE SOUTH, NORTHWEST HEALTH IN STARKE COUNTY AS WELL AS THREE CRITICAL ACCESS HOSPITALS (COMMUNITY HOSPITAL OF BREMEN, PULASKI MEMORIAL IN WINAMAC, AND WOODLAWN HOSPITAL IN ROCHESTER) AT WHICH PRIMARY CARE PROFESSIONALS WITH PRESCRIPTIVE PRIVILEGES FURNISH OUTPATIENT PRIMARY CARE SERVICES.

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

AS IN MOST MIDWESTERN COMMUNITIES, THE SERVICE AREA POPULATION IS LARGELY MADE UP OF WHITE NON-HISPANIC INDIVIDUALS OF NORTHERN EUROPEAN DESCENT. MANY OF ST. JOSEPH COUNTY'S POPULATION DEMOGRAPHICS MIRROR THE DEMOGRAPHICS OF INDIANA. OVERALL, ST. JOSEPH COUNTY IS SLIGHTLY YOUNGER FROM THE PERSPECTIVE OF MEDIAN AGE AND OVERALL POPULATION. ST. JOSEPH COUNTY IS ALSO HOME TO A SLIGHTLY MORE DIVERSE POPULATION THAN THE STATE AS A WHOLE, AS IT HAS HIGHER PERCENTAGES OF AFRICAN AMERICAN RESIDENTS, 13% VERSUS 9% STATE-WIDE, AND HISPANIC RESIDENTS, 9% VERSUS 8% STATE-WIDE.

THE TOTAL POPULATION FOR THE SYSTEM SERVICE AREA IS EXPECTED TO GROW 1%

**Part VI** Supplemental Information (Continuation)

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

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

APPROXIMATELY 20% OF THE POPULATION WITHIN THE SYSTEM'S SERVICE AREA EARNS AN ANNUAL SALARY OF \$25,000 OR BELOW. HOUSEHOLD INCOME IS FAIRLY STABLE ACROSS THE PRIMARY SERVICE AREA, WITH AREAS OF HIGHEST AFFLUENCE IN THE GRANGER ZIP CODE AND PORTIONS OF ELKHART COUNTY. THE MEDIAN HOUSEHOLD INCOME IS \$60,705 FOR ST. JOSEPH COUNTY AND \$59,672 FOR MARSHALL COUNTY. THIS IS BELOW THE MEDIAN FOR INDIANA, ILLINOIS, MICHIGAN AND OHIO, AS WELL AS FOR THE U.S.

IN THE STATE OF INDIANA, ACCORDING TO THE U.S. CENSUS BUREAU'S SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE), 12% OF FAMILIES LIVED IN POVERTY IN 2018. THIS IS DOWN FROM 14% IN 2016, AND 15% IN 2013. SJHS SERVES A LARGE MEDICAID POPULATION ACROSS MANY DELIVERY SITES, MOST OF WHOM ARE LOCATED IN ST. JOSEPH COUNTY. THE INPATIENT MEDICAID POPULATION SERVED BY MISHAWAKA MEDICAL CENTER EQUALS 14% OF THE HOSPITAL'S TOTAL OVERALL. [U.S. CENSUS BUREAU, SMALL AREA INCOME AND POVERTY ESTIMATES (SAIPE) PROGRAM, DECEMBER 2018]

**Part VI** Supplemental Information (Continuation)

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

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

PART VI, LINE 5:

OTHER INFORMATION - SJRMC-SOUTH BEND EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS, ENSURING THAT HIGH QUALITY AND EASILY ACCESSIBLE CARE IS AVAILABLE IN A VARIETY OF PRIMARY AND SPECIALTY CARE AREAS.

SJRMC-SOUTH BEND HAS 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. RESIDENCY PROGRAMS IN FAMILY PRACTICE, PODIATRY, AND PHARMACY, AS WELL AS CLINICAL EDUCATION FOR NURSES AND ANCILLARY STAFF, PROVIDE ONGOING EDUCATION AND A "LABORATORY FOR LEARNING." SEVERAL NURSING SCHOOLS UTILIZE SJRMC-SOUTH BEND FOR THE CLINICAL COMPONENT OF THEIR NURSING EDUCATION. PARTICIPATING IN BOTH AN INTERNAL AND EXTERNAL "INTERNAL REVIEW BOARD", SJRMC-SOUTH BEND KEEPS PACE WITH THE EVER-GROWING COMPLEXITY OF HEALTH CARE AND PROVIDES

**Part VI** Supplemental Information (Continuation)

LEADERSHIP IN AREAS SPECIFIC TO THE NEEDS OF ITS PATIENTS.

SJRCM-SOUTH BEND IS A CERTIFIED "BABY-FRIENDLY" HOSPITAL. BABY-FRIENDLY HOSPITALS ARE RECOGNIZED FOR ENCOURAGING BREASTFEEDING AND MOTHER/BABY BONDING, WHICH IS KNOWN TO PROVIDE HEALTH BENEFITS FOR INFANTS AND MOTHERS.

SJRCM-SOUTH BEND PARTICIPATES IN MEDICARE, MEDICAID, TRICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. FINANCIAL ASSISTANCE IS PROVIDED TO ALL WHO MEET THE ELIGIBILITY REQUIREMENTS OF THE POLICY.

SJRCM-SOUTH BEND SPONSORS MULTIPLE SAFETY NET CLINICS THAT PROVIDE CARE FOR INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED. STAFFED PRIMARILY BY A MID-LEVEL PRACTITIONER IN A COLLABORATIVE AGREEMENT WITH LOCAL DOCTORS, THESE CLINICS SEE A HIGHLY DIVERSE POPULATION AND OFFER SPECIALIZED CARE FOR CHRONIC DISEASE MANAGEMENT, COUMADIN MANAGEMENT, SMOKING CESSATION, HIV/AIDS, AND SUBSTANCE ABUSE.

SJRCM-SOUTH BEND ADVOCATES FOR VARIOUS HEALTH-RELATED ISSUES INCLUDING EFFORTS RELATED TO OBTAINING HEALTH CARE FOR ALL, ELIMINATING HEALTH CARE DISPARITIES AMONG DIVERSE POPULATIONS, AND OBTAINING AFFORDABLE PHARMACEUTICALS. SJRCM-SOUTH BEND CONTINUES TO BE A LEADER IN FOUNDING AND FUNDING PROGRAMS THAT IMPACT THE HEALTH OF ITS COMMUNITIES, SUCH AS PROVIDING LOCAL SCHOOLS WITH ATHLETIC TRAINERS.

AS A FAITH-BASED HEALTH INSTITUTION, SJRCM-SOUTH BEND OFFERS PATIENTS, THEIR FAMILIES, AND THE BROADER COMMUNITY THE OPPORTUNITY TO ADDRESS THE SPIRITUAL NEEDS THAT ARISE AS ONE EXPERIENCES ILLNESS, CHRONIC HEALTH CONDITIONS, OR THE DYING PROCESS. THIS EXPERIENCE OF FAITH, THE PRESENCE

**Part VI** Supplemental Information (Continuation)

OF A REFLECTION/PRAYER ROOM, AND ACCESS TO CHAPLAIN SERVICES AFFORD  
EVERYONE THE CERTITUDE THAT THE WHOLE PERSON AND HIS/HER CARE ARE  
ADDRESSED.

SJRMCSOUTH BEND AND SJRMCSPLYMOUTH ARE THE LEAD AGENCIES FOR LOCAL  
TOBACCO CONTROL IN OUR COUNTIES. IN ST. JOSEPH COUNTY, THE SMOKE FREE ST.  
JOE COALITION IS COMPRISED OF A VARIETY OF PROFESSIONALS AND COMMUNITY  
MEMBERS. WE HAVE REPRESENTATION FROM THE AFRICAN AMERICAN, LATINO AND  
CAUCASIAN COMMUNITIES. FORMAL COALITION POSITIONS ARE HELD BY MEMBERS OF  
THE FOLLOWING AGENCIES: BOWEN CENTER, HARPER CANCER RESEARCH INSTITUTE,  
AND HEALTHLINC. WE CURRENTLY HAVE 193 COALITION PARTNERS AND 1,807  
COMMUNITY SUPPORTERS. SMOKE FREE ST. JOE COALITION MEETINGS ARE HELD EVERY  
MONTH FOR ONE HOUR AND INCLUDE AN EDUCATIONAL COMPONENT PERTAINING TO  
COALITION NEEDS AND INPUT FROM COALITION PARTNERS. ADVOCACY EFFORTS FOR  
FY23 CONTINUED TO INCLUDE SMOKEFREE WORKPLACES, TOBACCOFREE SCHOOLS, AND  
TOBACCO/VAPING EDUCATION AND CESSATION, ESPECIALLY AMONG THE YOUTH  
POPULATION. IN FY23, THE COALITION CONDUCTED OUTREACH TO 3,145 INDIVIDUALS  
AT LOCAL COMMUNITY EVENTS, PROVIDED TOBACCO/VAPING PREVENTION EDUCATION TO  
506 YOUTH AND ADULTS AT LOCAL ORGANIZATIONS, AND RECEIVED 74 TOBACCO  
CESSATION REFERRALS THROUGH SJRMCSOUTH BEND'S ELECTRONIC MEDICAL RECORD,  
EPIC, FOR COURAGE TO QUIT AND THE INDIANA TOBACCO QUITLINE.

SCREENING FOR SOCIAL INFLUENCERS OF HEALTH (SIOH) FOR ALL SJRMCSOUTH BEND  
PATIENTS OCCURS ANNUALLY DURING A ROUTINE OFFICE VISIT. THE SIOH SCREENING  
IS EMBEDDED INTO OUR ELECTRONIC HEALTH RECORD, AS WELL AS FINDHELP.ORG, A  
SOCIAL NEED RESOURCE DIRECTORY. IF RESOURCES ARE NEEDED, THEY WERE MADE  
AVAILABLE TO THE PATIENT THROUGH THE END OF VISIT SUMMARY. CLINICAL STAFF  
ALSO CAN REFER PATIENTS TO OUR COMMUNITY HEALTH WORKER (CHW) PROGRAM.

**Part VI** Supplemental Information (Continuation)

SJRMCSOUTH BEND HAS ESTABLISHED RELATIONSHIPS WITH THE AGENCY ON AGING CENTER AND FOOD BANKS TO HELP ASSIST WITH NEEDS. IN ADDITION TO WORKING WITH PATIENTS OF SJRMCSOUTH BEND, OUR CHW'S RECEIVE AND RESPOND TO REFERRALS FROM COMMUNITY PARTNERS TO HELP ADDRESS THE SIOH NEEDS FACED IN OUR SERVICE AREA. IN FY23, OUR CHW PROGRAM HAD 1,717 NEW PATIENTS AND COMPLETED 9,347 ENCOUNTERS CONNECTING PATIENTS TO COMMUNITY RESOURCES SUCH AS FOOD, TRANSPORTATION, HOUSING, AND OTHER HEALTH NEEDS.

IN APRIL OF 2023, OUR CHW'S IMPLEMENTED A NEW CONGESTIVE HEART FAILURE (CHF) PROGRAM, CREATED BY TRINITY HEALTH. THIS PROGRAM IS DESIGNED FOR PATIENTS TO BETTER MANAGE THEIR CHF - THE LEADING DRIVER OF PREVENTABLE HOSPITALIZATIONS. THE CHW USES THEIR SKILLS TO HELP PATIENTS UNDERSTAND THEIR CHF, UNDERSTAND WHAT THEIR PROVIDER RECOMMENDS, AND CONNECTS THE PATIENT WITH COMMUNITY RESOURCES. PROGRAM GOALS INCLUDE: 1) IMPROVE PATIENTS' CHF SELF-MANAGEMENT BY ADDRESSING SOCIAL AND CULTURAL NEEDS, 2) REDUCE PREVENTABLE HOSPITALIZATIONS AMONG MSSP DUALS, 3) REDUCE OVERALL COST OF CARE FOR MSSP DUALS WITH CHF, AND LASTLY, 4) MEASURE CHW IMPACT ON PATIENT HEALTH OUTCOMES AND COST.

THE COMMUNITY HEALTH AND WELL-BEING TEAM AT SJRMCSOUTH BEND CONTINUES TO PARTNER WITH THE COMMUNITY. IN FY23, WE COMPLETED 360 CLINICS AND OUTREACH PROGRAMS AND ADMINISTERED A TOTAL OF 8,232 VACCINATIONS. THE NEEDS OF INDIVIDUALS WHO ARE UNINSURED AND UNDERINSURED WERE MET THROUGH OUR VACCINATION EFFORTS WITH LOCAL PARTNERS, INCLUDING CENTER FOR THE HOMELESS, ST. MARGARET'S HOUSE, EXCEL CENTER, AND THE BOYS AND GIRLS CLUB OF ST. JOSEPH COUNTY. IN FY23, 93 INDIVIDUALS RECEIVED FREE FLU SHOTS AND 1,457 RECEIVED FREE COVID-19 VACCINATIONS.

**Part VI** Supplemental Information (Continuation)

ADDITIONALLY, TO IMPROVE ACCESS TO HEALTH CARE, SJRMC-SOUTH BEND ADDED AN ADDITIONAL WHEELCHAIR ACCESSIBLE PATIENT SHUTTLE FOR THEIR SOCIAL CARE TEAMS TO UTILIZE, AND A SECOND MOBILE MEDICAL UNIT, DESIGNATED TO PROVIDE IMMUNIZATIONS, SOCIAL NEEDS ASSESSMENTS, AND VARIOUS HEALTH SCREENINGS TO LOCAL BUSINESSES AND COMMUNITY ORGANIZATIONS.

PART VI, LINE 6:

SJRMC-SOUTH BEND IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH'S COMMUNITY HEALTH AND WELL-BEING (CHWB) STRATEGY PROMOTES OPTIMAL HEALTH FOR PEOPLE EXPERIENCING POVERTY AND OTHER VULNERABILITIES IN THE COMMUNITIES WE SERVE - EMPHASIZING THE NECESSITY TO INTEGRATE SOCIAL AND CLINICAL CARE. WE DO THIS BY:

1. ADDRESSING PATIENT SOCIAL NEEDS,
2. INVESTING IN OUR COMMUNITIES, AND
3. STRENGTHENING THE IMPACT OF OUR COMMUNITY BENEFIT.

TRINITY HEALTH CHWB TEAMS LEAD THE DEVELOPMENT AND IMPLEMENTATION OF TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION STRATEGIES AND FOCUS INTENTIONALLY ON ENGAGING COMMUNITIES AND RESIDENTS EXPERIENCING POVERTY AND OTHER VULNERABILITIES. WE BELIEVE THAT COMMUNITY MEMBERS AND COMMUNITIES THAT ARE THE MOST IMPACTED BY RACISM AND OTHER FORMS OF DISCRIMINATION EXPERIENCE THE GREATEST DISPARITIES AND INEQUITIES IN HEALTH OUTCOMES AND SHOULD BE INCLUSIVELY ENGAGED IN ALL COMMUNITY HEALTH ASSESSMENT AND IMPROVEMENT EFFORTS. THROUGHOUT OUR WORK, WE DISMANTLE OPPRESSIVE SYSTEMS, AND BUILD COMMUNITY CAPACITY AND PARTNERSHIPS.

TRINITY HEALTH AND ITS MEMBER HOSPITALS ARE COMMITTED TO THE DELIVERY OF



**Part VI** Supplemental Information (Continuation)

PEOPLE-CENTERED CARE AND SERVING AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN THE COMMUNITIES THEY SERVE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO THE COMMUNITIES AND IS COMMITTED TO ADDRESSING THE UNIQUE NEEDS OF EACH COMMUNITY. IN FISCAL YEAR 2023 (FY23), TRINITY HEALTH CONTRIBUTED \$1.47 BILLION IN COMMUNITY BENEFIT SPENDING TO AID THOSE WHO ARE VULNERABLE AND LIVING IN POVERTY, AND TO IMPROVE THE HEALTH STATUS OF THE COMMUNITIES IN WHICH WE SERVE.

IN ADDITION TO ANNUAL COMMUNITY BENEFIT SPENDING, TRINITY HEALTH IMPLEMENTS A SOCIALLY RESPONSIBLE INVESTING PROGRAM. AS OF THE END OF FY23, \$62.7 MILLION (INCLUDING \$7.0 MILLION IN NEW LENDING) WAS ALLOCATED IN THE FOLLOWING AREAS:

- HOUSING: BUILDING AFFORDABLE HOUSING; IMPROVING ACCESS TO SENIOR HOUSING; AND COMBATTING HOMELESSNESS (\$35.5 MILLION)
- EDUCATION: SUPPORTING STUDENTS ENTERING THE HEALTH PROFESSIONS (\$10.1 MILLION)
- FACILITIES: BUILDING COMMUNITY FACILITIES FOR NONPROFITS, SOCIAL SERVICE PROVIDERS, AND OTHER COMMUNITY-BASED ORGANIZATIONS (\$9.7 MILLION)
- ECONOMIC DEVELOPMENT: ENCOURAGING SMALL BUSINESS DEVELOPMENT, CREATING LOCAL JOBS AND SUPPORTING ACCESS TO HEALTHY FOODS; QUALITY CHILDCARE; AND OTHER COMMUNITY SERVICES (\$7.4 MILLION)

ACROSS THE SYSTEM, NEARLY 700,000 OF PATIENTS SEEN IN PRIMARY CARE SETTINGS WERE SCREENED FOR SOCIAL NEEDS. FOR ABOUT 30% OF THOSE PATIENTS, AT LEAST ONE SOCIAL NEED WAS IDENTIFIED. TOGETHERCARE - TRINITY HEALTH'S ELECTRONIC HEALTH RECORD, POWERED BY EPIC - HAS MADE IT POSSIBLE FOR TRINITY HEALTH TO STANDARDIZE SCREENING FOR SOCIAL NEEDS AND CONNECT

**Part VI** Supplemental Information (Continuation)

PATIENTS TO COMMUNITY RESOURCES THROUGH THE COMMUNITY RESOURCE DIRECTORY (COMMUNITYRESOURCES.TRINITY-HEALTH.ORG).

COMMUNITY HEALTH WORKERS (CHW'S) SERVE AS LIAISONS BETWEEN HEALTH AND SOCIAL SERVICES. TRINITY HEALTH CHW'S PARTNERED WITH POPULATION HEALTH NURSES AND SOCIAL WORK CARE MANAGERS TO SERVE MEDICARE PATIENTS AT RISK FOR PREVENTABLE HOSPITALIZATIONS, RESULTING IN A DECREASE IN PREVENTABLE HOSPITALIZATIONS FOR THE MEDICARE POPULATION OVERALL, AND ALSO FOR LOW-INCOME PATIENTS DUALY ENROLLED IN MEDICARE AND MEDICAID.

CHW'S ADVANCE SOCIAL AND CLINICAL CARE INTEGRATION BY ASSESSING AND ADDRESSING A PATIENT'S SOCIAL NEEDS, HOME ENVIRONMENT AND OTHER SOCIAL RISK FACTORS, AND ULTIMATELY CONNECTING THE PATIENT (AND THEIR FAMILY) TO SERVICES WITHIN THE COMMUNITY. TRINITY HEALTH PROVIDES A 40+ HOUR FOUNDATIONAL CHW AND CHRONIC DISEASE-SPECIFIC TRAINING TO TRINITY HEALTH-EMPLOYED CHW'S AND ALSO TO COMMUNITY PARTNERS THAT EMPLOY CHW'S.

IN 2017, TRINITY HEALTH RECEIVED A SIX-YEAR, \$8.5 MILLION GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION TO INCREASE THE NUMBER OF NATIONAL DIABETES PREVENTION PROGRAM (DPP) DELIVERY SITES, INCREASE PROGRAM ENROLLMENT, MAINTAIN PARTICIPATION RATES, AND INCREASE BENEFIT COVERAGE. IN ADDITION, THE GRANT WAS USED TO STANDARDIZE CLINICAL SCREENING AND DETECTION OF DIABETES. DURING THE GRANT PERIOD, TRINITY HEALTH BUILT THE NATIONAL DPP INTO ITS ELECTRONIC HEALTH RECORD SYSTEM TO MAKE IDENTIFYING PATIENTS AND ENROLLING THEM IN THE PROGRAM EASIER. SINCE SEPTEMBER 2017, OVER 6,000 PARTICIPANTS HAVE ENROLLED IN A TRINITY HEALTH NATIONAL DPP AND HAVE COLLECTIVELY LOST A TOTAL OF OVER 51,000 POUNDS.

**Part VI** Supplemental Information (Continuation)

LASTLY, TRINITY HEALTH'S FY23 SHAREHOLDER ADVOCACY PRIORITIES FOCUSED ON IMPROVING CORPORATE POLICIES AND PRACTICES THAT IMPACT COMMUNITIES, WITH THE AIM OF REDUCING STRUCTURAL RACISM AND HEALTH INEQUITIES. TRINITY HEALTH, IN COLLABORATION WITH ITS PARTNERS THE INTERFAITH CENTER ON CORPORATE RESPONSIBILITY AND THE INVESTOR ENVIRONMENTAL HEALTH NETWORK, FILED SHAREHOLDER PROPOSALS AT 20 COMPANIES.

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

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

IN

Multiple horizontal lines for listing states receiving community benefit reports.