

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> ST. MARY MEDICAL CENTER, INC.	<b>Employer identification number</b> 35 2007327
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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 . . . . .	✓	
<b>1b</b> If "Yes," was it a written policy? . . . . .	✓	
<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 care</i> ? 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 _____%	✓	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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 _____%	✓	
<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"? . . . . .	✓	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .		✓
<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? . . . . .	✓	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	✓	

**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) . . . . .	0	694	1,084,602	1,963	1,082,639	0.36
<b>b</b> Medicaid (from Worksheet 3, column a)	0	33,366	35,500,812	17,762,272	17,738,540	5.83
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .	0	0	0	0	0	0.00
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs	0	34,060	36,585,414	17,764,235	18,821,179	6.19
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	256	5,932	320,090	0	320,090	0.11
<b>f</b> Health professions education (from Worksheet 5) . . . . .	77	600	822,909	0	822,909	0.27
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	6	638	5,266,385	4,600,243	666,142	0.22
<b>h</b> Research (from Worksheet 7) . . . . .	0	0	0	0	0	0.00
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	27	0	131,549	0	131,549	0.04
<b>j Total.</b> Other Benefits . . . . .	366	7,170	6,540,933	4,600,243	1,940,690	0.64
<b>k Total.</b> Add lines 7d and 7j . . . . .	366	41,230	43,126,347	22,364,478	20,761,869	6.82

**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					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 <b>Total</b>	0	0	0	0	0	0.00

**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	✓	
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		
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		
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	130,367,516
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	159,675,141
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	(29,307,625)
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 checked="" type="checkbox"/> Cost accounting system <input 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	✓	
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	✓	

**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				
2				
3				
4				
5				
6				
7				
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10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)  
 How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 [ST MARY MEDICAL CENTER, INC.](#)  
[1500 SOUTH LAKE PARK AVENUE, HOBART, IN 46342](#)  
[COMHS.ORG/STMARY](#) STATE LICENSE NO. : 22-005786-1

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3

4

5

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7

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Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓					✓			

**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 ST MARY MEDICAL CENTER, INC.

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>			
<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? . . . . .		✓
<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 . . . . .		✓
<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):			
<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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<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: <u>20 22</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 . . . . .	✓	
<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 . . . . .	✓	
<b>6b</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 . . . . .		✓
<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):			
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.COMHS.ORG</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input 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 . . . . .	✓	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	✓	
<b>a</b>	If "Yes," (list url): <u>HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<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)? . . . . .		✓
<b>12b</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 ST MARY MEDICAL CENTER, 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:	✓	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2</u> <u>0</u> <u>0</u> % and FPG family income limit for eligibility for discounted care of <u>3</u> <u>0</u> <u>0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" 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 type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	✓	
<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):	✓	
<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 checked="" 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? 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 STATEMENT)</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</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 STATEMENT)</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)		

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

**Billing and Collections**

Name of hospital facility or letter of facility reporting group ST MARY MEDICAL CENTER, INC.

	Yes	No
<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 nonpayment? . . . . .	✓	
<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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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>b</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)		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	✓	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <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 ST MARY MEDICAL CENTER, INC.

		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>	✓
	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>	✓
	If "Yes," explain in Section C.		

**Supplemental Information.** 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.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>Facility Name: ST. MARY MEDICAL CENTER</p> <p>Description: THE CHNA COLLECTED INPUT FROM PEOPLE REPRESENTING THE BROAD INTERESTS OF THE OVERALL COMMUNITY INCLUDING THOSE WITH SPECIALIZED KNOWLEDGE OF OR EXPERTISE IN, PUBLIC HEALTH AND RESIDENTS OF THE COMMUNITIES THE HOSPITALS SERVE. THE HEALTHCARE SYSTEM PARTNERED WITH OTHER HOSPITAL SYSTEMS, FOUNDATIONS AND NONPROFITS TO CONDUCT A RESIDENT SURVEY. DATA FROM A VARIETY OF FEDERAL, STATE AND LOCAL ENTITIES WAS ALSO REVIEWED.</p> <p>FOCUS GROUPS WERE ORGANIZED THROUGHOUT LAKE AND PORTER COUNTY, INDIANA. THE GOAL OF THE FOCUS GROUPS WAS TO UNDERSTAND THE NEEDS, ASSETS, AND POTENTIAL RESOURCES IN VARIOUS COMMUNITIES AND TO STRATEGIZE HOW THE HOSPITALS CAN PARTNER WITH COMMUNITIES TO BUILD RESILIENCY. THESE FOCUS GROUPS FOCUSED ON GATHERING INFORMATION FROM COMMUNITY MEMBERS AND LOCAL PROFESSIONALS WHO HAVE DIRECT KNOWLEDGE AND EXPERIENCE RELATED TO THE HEALTH DISPARITIES IN THE REGION. DETAILS CAN BE FOUND IN THE APPENDIX OF THE CHNA (SECTION 10).</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>Facility Name: ST. MARY MEDICAL CENTER</p> <p>Description: COMMUNITY HEALTHCARE SYSTEM:</p> <p>COMMUNITY HOSPITAL IN MUNSTER, IN</p> <p>ST. CATHERINE HOSPITAL, INC. IN EAST CHICAGO, IN</p> <p>COMMUNITY STROKE &amp; REHABILITATION CENTER, INC. IN CROWN POINT, IN</p>



Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: ST. MARY MEDICAL CENTER</p> <p>Description: 2022 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN</p> <p>OVERVIEW:</p> <p>THE 2022 IMPLEMENTATION STRATEGY ACTION PLAN BUILDS ON THE PROGRESS AND EVER-CHANGING HEALTHCARE NEEDS OF THE COMMUNITIES SERVED BY COMMUNITY HEALTHCARE SYSTEM. THE NEEDS WERE IDENTIFIED IN THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR COMMUNITY HOSPITAL, ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER ON THESE PRIORITY HEALTH AREAS:</p> <ul style="list-style-type: none"> <li>*CANCER</li> <li>*DIABETES</li> <li>*HEART DISEASE AND STROKE</li> <li>*MATERNAL, INFANT AND CHILD HEALTH</li> <li>*ADULT MENTAL HEALTH</li> <li>*NUTRITION AND WEIGHT MANAGEMENT</li> </ul> <p>HEALTHIER LIFESTYLES WERE PROMOTED ACROSS ALL PRIORITY AREAS THROUGH FREE OR DISCOUNTED HEALTH SCREENINGS, HEALTH FAIRS, PHYSICIAN LECTURES, SPECIAL EVENTS AND SYMPOSIUMS. TOPICS INCLUDED CANCER, CARDIOLOGY, DIABETES, HEART DISEASE, NUTRITION, WEIGHT MANAGEMENT, ADULT MENTAL HEALTH, STROKE AND MATERNAL CHILD HEALTH. SCREENINGS HAVE INCLUDED LOW OR NO-COST MAMMOGRAMS, BALANCE AND BONE DENSITY TESTS, PVD SCREENINGS AND HEART ATTACK/STROKE RISK ASSESSMENTS.</p> <p>COMMUNITY HEALTHCARE SYSTEM HOSPITALS DID NOT HAVE A FORMAL PROCESS IN PLACE TO TRACK/EVALUATE OR GIVE FEEDBACK ON THE IMPACT OF THE 2019-2021 COMMUNITY HEALTH NEEDS ASSESSMENT. HOWEVER, PARTICIPANTS OF CLASSES, EVENTS, PROGRAMS AND SCREENINGS WERE INVITED TO COMPLETE EVALUATIONS ON THE EFFECTIVENESS OF THEIR OUTREACH ACTIVITY. FROM THIS FEEDBACK, AND HEALTH DATA REPOSITORIES, PROGRAM EVALUATION AND DEVELOPMENT CONTINUED ON AN ANNUAL BASIS. IN AN EFFORT TO REACH RESIDENTS ISOLATING IN RESPONSE TO COVID-19, THE HEALTHCARE SYSTEM MOBILIZED TO DEVELOP IN-PERSON AND ONLINE OUTREACH PROGRAMMING.</p> <p>ADDRESSING COMMUNITY NEEDS</p> <p>COMMUNITY HEALTHCARE SYSTEM OFFERS A DIVERSE RANGE OF PROGRAMS AND SERVICES TO MAKE IMPROVEMENTS IN THE HEALTH OF RESIDENTS IN OUR COMMUNITIES.</p> <p>AN IMPORTANT ENTITY IS THE MEDICALLY BASED FITNESS CENTER, FITNESS POINTE®, AND THE WORKPLACE WELLNESS PROGRAM, NEW HEALTHY ME WHICH SERVES EMPLOYEES IN THE HOSPITAL SYSTEM AND WORK SETTINGS IN OUR COMMUNITIES. OUR OCCUPATIONAL HEALTH PROGRAM OFFERS WORK-RELATED SCREENINGS, WELLNESS SERVICES AND EDUCATIONAL PROGRAMS TO BUSINESSES, CORPORATIONS, MUNICIPALITIES AND SCHOOL DISTRICTS IN LAKE AND PORTER COUNTIES TO OPTIMIZE HEALTH IN THE WORKPLACE. ADDITIONALLY, OUR OUTPATIENT CARE CENTERS FOR GENERAL MEDICINE OR SPECIALTY SERVICES ARE STRATEGICALLY POSITIONED IN POPULATION GROWTH AREAS.</p> <p>CANCER COMMUNITY HOSPITAL, ALONG WITH ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER, ARE DESIGNATED BY AMERICAN COLLEGE OF RADIOLOGY AS BREAST IMAGING CENTERS OF EXCELLENCE. THESE HOSPITALS, AND COMMUNITY STROKE AND REHABILITATION CENTER, ARE ALSO DESIGNATED AS CARE CONTINUUM CENTERS OF EXCELLENCE FOR LUNG CANCER BY THE GO2 FOUNDATION FOR DELIVERING BEST PRACTICE AND PATIENT-CENTERED MULTIDISCIPLINARY CARE. TOGETHER, THE HOSPITALS OFFER AN ARRAY OF SERVICES, WELLNESS AND OUTREACH PROGRAMS FOR CANCER PATIENTS AND THOSE WHO ARE AT RISK FOR CANCER, SUCH AS: LOW OR NO-COST SCREENINGS; EARLY NODULE, GENETIC AND GEONOMICS TESTING; AND INFUSION CENTERS. THE CANCER RESOURCE CENTRE OFFERS AN ARRAY OF MIND-BODY-SPIRIT CLASSES, INFORMATIVE PROGRAMS, SPECIAL EVENTS, AND ACCESS TO MORE THAN 100 CLINICAL CANCER RESEARCH TRIALS TO PATIENTS LIVING IN NORTHWEST INDIANA AND NEARBY LOCALES IN ILLINOIS.</p> <p>IN 2021, A BREAST AND LUNG CANCER NURSE NAVIGATOR PROGRAM BEGAN TAKING SHAPE TO COORDINATE CARE FOR PATIENTS ACROSS DISCIPLINES AND BEYOND HOSPITAL WALLS, ENSURING ACCESS TO NEEDED PSYCHO-SOCIAL SERVICES AND MEDICAL CARE FROM THE POINT OF DIAGNOSIS AND TREATMENT TO SURVIVORSHIP. RECOGNIZING THAT TRANSPORTATION CAN BE A BARRIER TO CARE, NEW CANCER CARE/PROVIDER SUPPORT LOCATIONS WERE ADDED AT TWO HOSPITALS (ST. CATHERINE/CSRC) AND THE VALPARAISO HEALTH CENTER OF ST. MARY MEDICAL CENTER. AMERICAN CANCER SOCIETY FUNDING WAS SOUGHT TO DEVELOP TRANSPORTATION SERVICES FOR APPOINTMENTS.</p> <p>DIABETES, HEART DISEASE AND STROKE</p> <p>COMMUNITY HEALTHCARE SYSTEM ADOPTED A MULTIDISCIPLINARY APPROACH TO PROVIDE THE HIGHEST-POSSIBLE STANDARD OF CARE, REHABILITATION AND OUTREACH TO PATIENTS WITH DIABETES, HEART DISEASE AND STROKE.</p> <p>DIABETES THE CENTERS FOR DIABETES AT OUR HOSPITALS FOLLOW SET PROCEDURES, BLOOD-GLUCOSE MONITORING PROTOCOLS AND TREATMENT PLANS TO HELP DETECT DIABETES IN ITS EARLY STAGES, AND HELP PATIENTS ALREADY STRUGGLING WITH THE DISEASE REGAIN THEIR BALANCE AS QUICKLY AS THEY CAN FOR A HEALTHIER LIFE. ST. CATHERINE HOSPITAL, SERVING AN AREA WITH SOME OF THE HIGHEST DIABETES RATES IN THE STATE, HAS CONSISTENTLY EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR ADVANCED INPATIENT DIABETES CARE.</p> <p>HEART DISEASE THE HOSPITALS OF COMMUNITY HEALTHCARE SYSTEM OPERATE ONE OF THE LARGEST, MOST ADVANCED CARDIOVASCULAR PROGRAMS IN NORTHWEST INDIANA THROUGH OUR ADVANCED HEART &amp; VASCULAR INSTITUTE, CARDIAC ICU AND CHEST PAIN CENTERS. OUR TEAMS PROVIDE A HIGH LEVEL OF EXPERTISE IN PERFORMING DIAGNOSTIC TESTING, CARDIAC AND PERIPHERAL INTERVENTIONS, OPEN HEART AND</p>

Return Reference - Identifier	Explanation
	<p>MINIMALLY INVASIVE SURGERIES, INCLUDING TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR) AND AORTIC ANEURYSM REPAIR (TEVAR), HEART VALVE CARE THROUGH ELECTROPHYSIOLOGY AND CARDIAC CATHETERIZATION, CARDIAC REHABILITATION, HEART FAILURE MANAGEMENT AND DISEASE PREVENTION. THE CARDIOVASCULAR SERVICES PROGRAM IS DISTINGUISHED FOR ITS OUTSTANDING TREATMENT OF HEART ATTACK PATIENTS, AND MEETING GOALS TO TREAT COMPLEX CORONARY ARTERY DISEASE WITH HIGH COMPLIANCE TO CORE STANDARD LEVELS OF CARE.</p> <p><b>STROKE</b>  COMMUNITY HOSPITAL, AN ACCREDITED NEUROINTERVENTIONAL &amp; CERTIFIED COMPREHENSIVE STROKE CENTER, WORKS CLOSELY WITH THE PRIMARY STROKE CENTERS AT ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER ON BEST PRACTICES REGARDING STROKE PREVENTION, TREATMENT AND REHABILITATION. ALL THREE HOSPITALS HOLD THE GOLD PLUS RATING FROM THE AMERICAN HEART/STROKE ASSOCIATION. ACUTE REHABILITATION UNITS AT ALL HOSPITALS, INCLUDING COMMUNITY STROKE &amp; REHABILITATION CENTER, PROVIDE A FULL SPECTRUM OF CARE TO ACHIEVE THE BEST RECOVERY POSSIBLE IN THE SHORTEST AMOUNT OF TIME. THE ACUTE REHABILITATION UNITS HAVE SOME OF THE BEST RETURN-TO-HOME PERFORMANCE EVALUATION MEASURES IN THE COUNTRY.</p> <p><b>OUTREACH</b>  FOUNDED ON A BELIEF THAT DIABETES, HEART DISEASE AND STROKE IS PREVENTABLE, COMMUNITY HEALTHCARE SYSTEM OFFERS FREE OR DISCOUNTED SCREENINGS, PRESENTATIONS ON INNOVATIVE TECHNOLOGY SUCH AS THE WATCHMAN™, CARDIOMEMS™, AND TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR), AND STROKE &amp; DIABETES PREVENTION AWARENESS SYMPOSIUMS. ADDITIONALLY, DIABETES AND STROKE SUPPORT GROUPS AND CLASSES ARE OFFERED IN OUR FACILITIES AND COMMUNITIES. OUR HEALTHCARE TEAMS WORK WITH INDIVIDUALS AND FAMILIES TO PROMOTE LIFESTYLE CHOICES THAT LOWER THE RISK OF DEVELOPMENT DIABETES, HEART, NEUROLOGICAL AND VASCULAR DISEASE.</p> <p><b>MATERNAL, INFANT &amp; CHILD HEALTH</b>  FAMILY BIRTHING CENTERS AT ALL THREE HOSPITALS ARE BLUE DISTINCTION CENTERS +™ FOR MATERNITY CARE BY ANTHEM BLUE CROSS AND BLUE SHIELD OF INDIANA, MEANING THE FACILITIES CONSISTENTLY DELIVER QUALITY CARE THAT RESULT IN BETTER OVERALL OUTCOMES FOR MATERNITY PATIENTS. ST. MARY MEDICAL CENTER, A BABY-FRIENDLY HOSPITAL BY BABY FRIENDLY USA. RECENTLY WAS RECOGNIZED BY U.S. NEWS &amp; WORLD REPORT AS HIGH-PERFORMING IN MATERNITY CARE AND CHILDBIRTH SERVICES.</p> <p>TOGETHER, SIGNIFICANT ADVANCEMENTS HAVE BEEN MADE AS PART BY THE FAMILY BIRTHING CENTERS, AS PART OF THEIR 2019-2021 ACTION PLAN TO PROVIDE A HIGHER LEVEL OF CARE FOR MOTHERS AND BABIES ACROSS NORTHWEST INDIANA. EXPECTANT MOTHERS FACING HIGH-RISK OR COMPLICATED PREGNANCIES ARE ABLE TO ACCESS SPECIALIZED CARE AT COMMUNITY HOSPITAL'S CERTIFIED PERINATAL CENTER. IN 2020-21, COMMUNITY HOSPITAL'S NEONATAL INTENSIVE CARE UNIT (NICU) WAS EXPANDED TO INCLUDE AN OB EMERGENCY DEPARTMENT, PROVIDING CRITICAL CARE AND TRANSPORT SERVICES TO MOTHERS AND BABIES AT RISK ACROSS OUR SERVICE AREAS. EDUCATING THE COMMUNITY ABOUT RISK FACTORS FOR SUDDEN UNIDENTIFIED INFANT DEATHS (SUIDS) AND WELLBABY CARE ALSO HAS REMAINED A PRIORITY OF OUR BIRTHING CENTERS.</p> <p>NEW FAMILIES RECEIVE FREE SLEEPSACKS AND A FREE CAR SEAT TO TAKE HOME. CERTIFIED LACTATION CONSULTANTS ENCOURAGE MOMS DURING AND AFTER THEIR HOSPITAL STAY TO BREAST FEED THEIR BABIES. PEER-COUNSELORS INTERACT WITH MOTHERS OF NEWBORNS IN THE NICU UNIT WHO ARE OFTEN PUMP DEPENDENT. BIRTHING, LACTATION AND GRANDPARENT CLASSES ARE OFFERED ACROSS THE HOSPITAL SYSTEM.</p> <p>IN 2021-22, THE INDIANA DEPARTMENT OF HEALTH PRESENTED COMMUNITY HEALTHCARE SYSTEM WITH THE INSPIRE AWARD FOR EFFORTS TO REDUCE INFANT MORTALITY AND PROVIDE INTERVENTIONAL SUPPORT TO MOTHERS. IN 2019, ST. CATHERINE HOSPITAL WAS RECOGNIZED FOR INFANT-LIFE ADVOCACY THROUGH ITS INSTALLATION OF A SAFE HAVEN BABY BOX OUTSIDE THE FAMILY BIRTHING CENTER.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>Facility Name: ST. MARY MEDICAL CENTER</p> <p>Description: ADULT MENTAL HEALTH BEHAVIORAL HEALTH SERVICES (BHS), OPERATES TWO ADULT INPATIENT UNITS AT ST. CATHERINE HOSPITAL AND PROVIDES OUTPATIENT CARE THROUGH A NETWORK OF COMMUNITY-BASED PROVIDERS. CONSTRUCTION OF A THIRD INPATIENT UNIT, BEGUN IN 2020, WILL CONCLUDE IN 2022. BHS ALSO CONDUCTS MENTAL HEALTH ASSESSMENTS FOR THE GENERAL HOSPITAL POPULATION.</p> <p>AN INTENSIVE OUTPATIENT PROGRAM, PAUSED DUE TO THE PANDEMIC, IS EXPECTED TO RESUME IN 2022. RECOGNIZING THE IMPACT COVID-19 HAS HAD ON MENTAL HEALTH, A COMMUNITY RESOURCE GUIDEBOOK FOR PSYCHO-SOCIAL NEEDS WAS DEVELOPED FOR THE PATIENTS, SOCIAL WORKERS AND MEDICAL PROVIDERS. AN ACTIVITY BOOK WITH MENTAL HEALTH TIPS WAS ALSO DESIGNED TO HAND TO PATIENTS AT ALL HOSPITALS, IF THE NURSING TEAM NOTICED SIGNS ANXIETY OR DEPRESSION.</p> <p>BEHAVIORAL HEALTH PROFESSIONALS CONDUCTED A HEALTHY MIND/HEALTHY BODY SYMPOSIUM BEFORE THE PANDEMIC AND HOSTED A PRE-RECORDED SUICIDE PREVENTION VIGIL DURING THE PANDEMIC. IN AN EFFORT TO CONNECT WITH PATIENTS DURING COVID-19, BHS STAFF LAUNCHED TELEHEALTH SERVICES AND OFFERED TRAINING SESSIONS WITH FIRST-RESPONDERS ON MENTAL HEALTH DE-ESCALATION TECHNIQUES.</p> <p>NUTRITION AND WEIGHT MANAGEMENT NUTRITION AND WEIGHT MANAGEMENT DID NOT SURFACE AS A PRIORITY ISSUE FOR THE 2022-2025 CHNA. HOWEVER, COMMUNITY HEALTHCARE SYSTEM RECOGNIZES THAT NUTRITION AND WEIGHT MANAGEMENT ARE CONTRIBUTING FACTORS IN WELLNESS, MENTAL HEALTH AND CHRONIC DISEASE. FOR THOSE REASONS, NUTRITION AND WEIGHT MANAGEMENT WILL BE ADDRESSED AS WE FOCUS ON OUR PRIORITY HEALTH ISSUES IN THE 2022-2025 ACTION PLAN.</p> <p>COMMUNITY HEALTH NEEDS: AREAS NOT ADDRESSED THE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM IDENTIFIED AREAS OF CONCERN NOT IDENTIFIED IN THE HOSPITAL'S IMPLEMENTATION PLAN. THESE AREAS INCLUDE:</p> <p>ST MARY MEDICAL CENTER SERVICE AREAS: - ALCOHOL AND DRUG USE - OLDER ADULTS - PHYSICAL ACTIVITY - ACCESS TO CARE</p> <p>MANY OF THESE AREAS ARE BEING ADDRESSSED BY THE HOSPITALS OF THE COMMUNITY HEALTHCARE SYSTEM AS WELL AS BY OTHER COMMUNITY ORGANIZATIONS. FOR EXAMPLE, ONE OF THE FOUR HOSPITALS IN THE COMMUNITY HEALTHCARE SYSTEM SPECIFICALLY ADDRESSES PHYSICAL ACTIVITY WHILE ALL ARE ADDRESSING ACCESS TO CARE.</p> <p>AS THE HOSPITAL FOCUSES ON LIFESTYLE, EDUCATION, PREVENTION AND ACCESS TO CARE ISSUES SURROUNDING ITS FOCUSED AREAS, POSITIVE OUTCOMES WILL LIKELY HAVE POSITIVE EFFECTS ON THE HEALTH NEEDS NOT ADDRESSSED. TO HAVE THE GREATEST IMPACT, HOWEVER, THE HOSPITAL HAS CHOSEN TO FOCUS ON THE MOST SERIOUS DISEASES AND THE RELATED LIFESTYLE ISSUES FACING OUR COMMUNITY AS WELL AS INVESTING IN THE HEALTH OF NEWBORNS - THE MOST VULNERABLE RESIDENTS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE</p>	<p><a href="https://www.comhs.org/about-us/patient-resources/financial-assistance-program">HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE</p>	<p><a href="https://www.comhs.org/about-us/patient-resources/financial-assistance-program">HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</a></p>
<p>SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE</p>	<p><a href="https://www.comhs.org/about-us/patient-resources/financial-assistance-program">HTTPS://WWW.COMHS.ORG/ABOUT-US/PATIENT-RESOURCES/FINANCIAL-ASSISTANCE-PROGRAM</a></p>

**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? 9

Name and address	Type of Facility (describe)
<b>1</b> OUTPATIENT SURGERY AT LAKE PARK 7921 GRAND BOULEVARD HOBART, IN 46342	OUTPATIENT SURGERY
<b>2</b> VALPARAISO HEALTH CENTER 3800 ST. MARY DRIVE VALPARAISO, IN 46383	OUTPATIENT CENTER
<b>3</b> CANCER CARE CENTER 300 WEST 61ST AVENUE HOBART, IN 46342	DIAGNOSTIC CENTER
<b>4</b> PORTAGE HEALTH CENTER 3545 ARBORS STREET PORTAGE, IN 46368	OUTPATIENT CENTER
<b>5</b> ST MARY OUTPATIENT REHAB THERAPY 320 WEST 61ST AVENUE HOBART, IN 46342	REHABILITATION
<b>6</b> HOME HEALTH OF ST. MARY MEDICAL CENTER 1439 SOUTH LAKE PARK AVENUE HOBART, IN 46342	HOME HEALTH
<b>7</b> WINFIELD FAMILY HEALTH CENTER 10607 RANDOLPH STREET CROWN POINT, IN 46307	OUTPATIENT CENTER
<b>8</b> WILLOWCREEK HEALTH CENTER 3170 WILLOWCREEK ROAD PORTAGE, IN 46368	OUTPATIENT CENTER
<b>9</b> HEALTH & REHABILITATION SPECTRUM 1354 SOUTH LAKE PARK AVENUE HOBART, IN 46342	OUTPATIENT CENTER
<b>10</b>	

Schedule H (Form 990) 2021

Provide the following information.

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

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 3C -	IN ADDITION TO FPG, THE CRITERIA OF ASSET LEVEL, MEDICAL INDIGENCY, INSURANCE STATUS, AND UNDERINSURANCE STATUS WERE USED IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE.
SCHEDULE H, PART I, LINE 6A -	THE STATE OF INDIANA ACCEPTS FORM 990 SCHEDULE H IN LIEU OF A COMMUNITY BENEFIT REPORT. ST. MARY MEDICAL CENTER, INC. MAKES ITS 990 AVAILABLE TO THE PUBLIC.
SCHEDULE H, PART I, LINE 7 -	COST ACCOUNTING SYSTEM WAS USED FOR COMPUTATIONS. BAD DEBT IS EXCLUDED FROM THE CALCULATION. MEDICAID DIRECT OFFSETTING REVENUE INCLUDES THE INCREASED HAF REIMBURSEMENT AND DSH. THE EXPENSE INCLUDES THE HAF FEE.
SCHEDULE H, PART I, LINE 7, COL (F) - BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	7,543,713
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	THE COST TO CHARGE RATIO PER THE S-10 WORKSHEET OF THE MEDICARE COST REPORT IS USED TO ESTIMATE BAD DEBT AT COST.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	WE ESTIMATE 1% OF THE BAD DEBT EXPENSE TO BE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE.
SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT	PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND NET ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS. THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TAKING INTO CONSIDERATION THE TRENDS IN HEALTH CARE COVERAGE, ECONOMIC TRENDS, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY ASSESSES THE ADEQUACY OF THE ALLOWANCES BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY MAJOR PAYOR CATEGORY AND AGING BUCKET. THE RESULTS OF THE REVIEW ARE THEN UTILIZED TO MAKE MODIFICATIONS, AS NECESSARY, TO THE PROVISION FOR BAD DEBTS TO PROVIDE FOR AN APPROPRIATE ALLOWANCE FOR BAD DEBTS. A SIGNIFICANT PORTION OF THE HOSPITALS' UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED, AND A SIGNIFICANT PORTION OF THE HOSPITALS' INSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR CO-PAYMENTS AND DEDUCTIBLES. THUS, THE HOSPITALS RECORD A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IN ACCORDANCE WITH CFNI'S POLICY, ACCOUNTS RECEIVABLE ARE WRITTEN OFF AND CHARGED AGAINST THE ALLOWANCE FOR BAD DEBTS.
SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED	WE PROVIDE NECESSARY SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY FOR THE SERVICE PROVIDED OR THE REIMBURSEMENT RECEIVED FROM MEDICARE, QUALIFYING THE SHORTFALL AS A COMMUNITY BENEFIT. THE MEDICARE ALLOWABLE COSTS OF CARE WERE CALCULATED BY USING INFORMATION FROM THE COST ACCOUNTING SYSTEM.
SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS, DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW.

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE MOST RECENT CHNA WAS CONDUCTED IN 2022 AND IS AVAILABLE ON THE FOLLOWING WEBSITE:  <a href="https://www.comhs.org/about-us/community-health-needs-assessment">HTTPS://WWW.COMHS.ORG/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a></p> <p>IN ADDITION TO OUR CHNA, WHICH IS CONDUCTED EVERY THREE YEARS, ST. MARY MEDICAL CENTER CONTINUALLY ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITIES IT SERVES. THIS IS AN ONGOING ENDEAVOR IN WHICH WE RELY HEAVILY UPON INPUT FROM OUR COMMUNITY LEADERS. WE ALSO CONDUCT MANY HEALTHCARE RELATED EVENTS THROUGHOUT THE YEAR WITHIN THE COMMUNITY. THIS CAN VARY FROM EDUCATIONAL CLASSES TO SPECIFIC DISEASE SCREENINGS. WE HAVE ALSO FOUND THAT A GOOD DATA SOURCE IS OUR PATIENTS. WE FREQUENTLY SURVEY OUR PATIENTS TO OBTAIN THIS INFORMATION.</p>
SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION	<p>PATIENTS WHO ARE ADMITTED WITHOUT INSURANCE ARE DIRECTED TO THE HOSPITAL'S FINANCIAL COUNSELORS. THE FINANCIAL COUNSELORS PERFORM AN INTERVIEW WITH THE PATIENTS TO EXPLAIN TO THEM THE PROCESS NECESSARY TO RECEIVE FINANCIAL ASSISTANCE. THIS PROCESS INCLUDES APPLYING FOR MEDICAID OR OTHER GOVERNMENT AID. THE APPLICANT THEN MUST FILL OUT A FINANCIAL INFORMATION WORKSHEET AND SUBMIT VARIOUS INFORMATION TO DETERMINE IF THEY QUALIFY FOR FINANCIAL ASSISTANCE IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY. THE POLICY IS POSTED IN THE EMERGENCY ROOM AREA AS WELL AS AT EACH INPATIENT WAITING DESK. THE INFORMATION IS ALSO AVAILABLE ON OUR WEBSITE.</p>
SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION	<p>LOCATED IN HOBART, INDIANA, THE COMMUNITY SERVED INCLUDES NORTHWEST INDIANA. LATEST U.S. CENSUS BUREAU DEMOGRAPHIC INFORMATION COMPARING HOBART TO THE STATE OF INDIANA:</p> <p>PERSONS UNDER 18 YEARS        PERCENT, 2021        HOBART 22.60%        INDIANA 23.30%</p> <p>PERSONS 65 YEARS AND OVER        PERCENT, 2021        HOBART 16.00%        INDIANA 16.40%</p> <p>WHITE ALONE        PERCENT, 2021 (A)        HOBART 81.00%        INDIANA 84.20%</p> <p>BLACK OR AFRICAN AMERICAN ALONE        PERCENT, 2021 (A)        HOBART 7.80%        INDIANA 10.20%</p> <p>HISPANIC OR LATINO        PERCENT, 2021 (B)        HOBART 14.40%        INDIANA 7.70%</p> <p>WHITE ALONE, NOT HISPANIC OR LATINO        PERCENT, 2021        HOBART 72.20%        INDIANA 77.50%</p> <p>HIGH SCHOOL GRADUATE OR HIGHER, AGE 25+, 2016-2020        HOBART 92.40%        INDIANA 89.30%</p> <p>BACHELOR'S DEGREE OR HIGHER, AGE 25+, 2016-2020        HOBART 25.20%        INDIANA 27.20%</p> <p>MEDIAN HOUSEHOLD INCOME, 2016-2020        HOBART \$63,356        INDIANA \$58,235</p> <p>PERSONS IN POVERTY        PERCENT 2016-2020        HOBART 13.30%        INDIANA 11.60%</p> <p>(A) INCLUDES PERSONS REPORTING ONLY ONE RACE.        (B) HISPANICS MAY BE OF ANY RACE, SO ALSO ARE INCLUDED IN APPLICABLE RACE CATEGORIES</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 -</p>	<p>ST. MARY MEDICAL CENTER IS A LEADING PROVIDER OF EXPERT MEDICAL CARE TO NORTHWEST INDIANA RESIDENTS BY INVESTING IN NEW TECHNOLOGIES AND INNOVATIVE TREATMENTS. THE HOSPITAL ALSO UTILIZES MULTIDISCIPLINARY TEAMS OF HEALTH PROFESSIONALS AND SHARED GOVERNANCE AMONG THE NURSING STAFF FOR INCREASED COLLABORATION AND ACCOUNTABILITY IN PATIENT CARE. THESE EFFORTS HAVE LED TO THE ACHIEVEMENT OF NUMEROUS QUALITY AWARDS AND ACCREDITATIONS, RECOGNIZING ST. MARY MEDICAL CENTER'S CONSISTENT EXCELLENCE IN HEALTH OUTCOMES AND PATIENT EXPERIENCE.</p> <p>SOME OF THE HOSPITAL'S ACHIEVEMENTS INCLUDE:</p> <ul style="list-style-type: none"> <li>- A \$40 MILLION DOLLAR SURGICAL PAVILION AND ICU EXPANSION WITH TWO SHELLLED-IN FLOORS FOR FUTURE PATIENT ROOMS</li> <li>- ACQUISITION OF THE TRUEBEAM SYSTEM - A GROUNDBREAKING IMAGE-GUIDED RADIOTHERAPY SYSTEM THAT IS PART OF OUR NATIONALLY-ACCREDITED CANCER CARE PROGRAM</li> <li>- AWARD WINNING JOINT ACADEMY - ORTHOPEDIC SURGERY PROGRAM BOASTING SOME OF THE BEST OUTCOMES IN THE NATION</li> <li>- HIGH RISK BREAST CLINIC - INDIVIDUALIZED TREATMENT FOR WOMEN AT ELEVATED RISK FOR BREAST CANCER</li> <li>- COMMITMENT TO COMMUNITY OUTREACH THROUGH PARTNERSHIPS WITH LOCAL YMCAS, THE BRICKIE CLINIC, AND ATHLETIC TRAINING PROGRAMS</li> <li>- ANTICOAGULATION CLINIC - MANAGEMENT FOR PATIENTS TAKING MEDICATIONS TO PREVENT OR TREAT BLOOD CLOTS</li> </ul> <p>LETTER FROM THE CEO</p> <p>WHETHER YOU ARE VISITING TO HELP PLAN FOR A FUTURE VISIT OR RESEARCHING OUR PROGRAMS AND SERVICES, WE HOPE YOU FIND OUR WEBSITE HELPFUL AND INFORMATIVE. OUR TEAM AT ST. MARY MEDICAL CENTER IS COMMITTED TO MEETING THE NEEDS OF OUR GROWING POPULATION IN LAKE AND PORTER COUNTIES. OUR GOAL IS TO PROVIDE QUALITY COMPASSIONATE CARE, RESPECTING THE DIGNITY OF OUR PATIENTS AND FAMILIES, THROUGH TECHNOLOGICAL ADVANCES AND A SKILLED WORKFORCE.</p> <p>OUR HOSPITAL INCORPORATES ADVANCED CONCEPTS OF CARE AND SAFETY INTO A BRAND-NEW ADDITION - A 113,000-SQUARE-FOOT SURGICAL PAVILION AND ICU, AS WELL AS A MODERN, SIX-STORY PATIENT TOWER THAT FEATURES COMFORTABLE, PRIVATE PATIENT ROOMS AND THE LATEST TECHNOLOGY. WITH 215 TOTAL BEDS (INCLUDING OUR ACUTE REHABILITATION CENTER) AND MORE THAN 500 PHYSICIANS AND ALLIED HEALTH PROFESSIONALS ON STAFF, ST. MARY MEDICAL CENTER ALSO EMBRACES DIVERSE METHODS OF PATIENT CARE. PHYSICIANS FORGE NEW GROUND IN HEART CARE, CANCER CARE AND SURGICAL SERVICES. OUR LEVEL II NURSERY IS STAFFED AND EQUIPPED TO CARE FOR INFANTS BORN PREMATURELY, AND NEW MOTHERS ARE GUIDED THROUGH BIRTH WITH INNOVATIVE OPTIONS SUCH AS WATER-BIRTHING, CERTIFIED LACTATION CONSULTANTS AND A MIDWIFE-FRIENDLY ENVIRONMENT. OUR AWARD-WINNING JOINT ACADEMY TAKES A TEAM APPROACH TO JOINT REPLACEMENT SURGERY, OFFERING PATIENTS EXTENSIVE EDUCATION, COACHING AND SUPPORT FROM THE PRE-OPERATIVE THROUGH POST-OPERATIVE PHASES OF CARE AND REHABILITATION.</p> <p>SURGEONS AT ST. MARY MEDICAL CENTER HAVE ACCESS TO SOME OF THE MOST ADVANCED TECHNOLOGY AVAILABLE, INCLUDING THE DA VINCI X AND XI SURGICAL SYSTEMS® AND THE MAKO ROBOTIC ARM-ASSISTED INSTRUMENTATION SYSTEM® FOR PARTIAL AND TOTAL KNEE REPLACEMENTS. SURGICAL SERVICE ACCESS IS MADE EASY WITH AN OUTPATIENT SURGERY LOCATION AT LAKE PARK. WE HAVE EXPANDED OUR SERVICES IN PORTER COUNTY WITH OUR VALPARAISO HEALTH CENTER AND PORTAGE HEALTH CENTERS. BOTH CENTERS SERVE AS "ONE-STOP SHOPS" FOR PATIENTS SEEKING ADVANCED DIAGNOSTIC IMAGING AND LAB SERVICES, AS WELL AS 3D MAMMOGRAPHY WITH SAME-DAY RESULTS, PHYSICAL THERAPY, OR EXPERT, COMPASSIONATE MEDICAL CARE FROM ANY OF OUR PRIMARY-CARE OR PHYSICIAN SPECIALISTS AT THESE LOCATIONS. AT OUR VALPARAISO HEALTH CENTER AND SOUTH VALPO LOCATIONS, WE ALSO OFFER CONVENIENT URGENT CARE SERVICES. THESE OUTPATIENT CENTERS ARE AN EXTENSION OF OUR HOSPITAL'S HIGH QUALITY, PATIENT-CENTERED MEDICAL SERVICES AND SERVE AS AN IMPORTANT LINK IN OUR ABILITY TO HELP BUILD HEALTHIER COMMUNITIES THROUGHOUT NORTHWEST INDIANA.</p> <p>FINALLY, AS PART OF COMMUNITY HEALTHCARE SYSTEM, ST. MARY MEDICAL CENTER IS ONE OF THE PREMIER PROVIDERS OF CARE IN NORTHWEST INDIANA AND CHICAGOLAND. RECENTLY, OUR SYSTEM WAS RECOGNIZED BY THE WOMEN'S CHOICE AWARDS® AS AMONG AMERICA'S BEST FOR PATIENT SAFETY AT ALL THREE HOSPITALS. THANKS TO INNOVATIVE APPROACHES TO CARE, INVESTMENTS IN NEW TECHNOLOGY, AND THE VALIDATION OF SCIENTIFIC PROCESSES, OUR HOSPITALS PROVIDE QUALITY COMPASSIONATE CARE THAT BUILDS HEALTHIER LIVES AND HEALTHIER COMMUNITIES. TOGETHER, WITH OUR COMMUNITY HEALTHCARE SYSTEM PARTNERS, WE HAVE FORGED A REPUTATION BUILT THROUGH INNOVATION THAT INSPIRES OUR STAFF TO PROVIDE EXTRAORDINARY CARE EVERY DAY.</p> <p>HOSPITAL HISTORY</p> <p>SINCE 1973, ST. MARY MEDICAL CENTER HAS MET THE HEALTHCARE NEEDS OF THE NORTHWEST INDIANA COMMUNITY, HAVING STARTED THROUGH THE MINISTRY OF THE POOR HANDMAIDS OF JESUS CHRIST. THIS ORDER OF ANCILLA DOMINI SISTERS BEGAN THEIR MINISTRY IN LAKE COUNTY WHEN THEY CAME TO MERCY HOSPITAL IN GARY IN 1913. THE SISTERS CONTINUE THEIR MISSION HERE TODAY, AT ST. MARY MEDICAL CENTER AND THROUGHOUT LAKE COUNTY.</p> <p>IN 2001, ST. MARY MEDICAL CENTER BECAME PART OF COMMUNITY HEALTHCARE SYSTEM, COMPRISED OF ST. MARY MEDICAL CENTER IN HOBART, ST. CATHERINE HOSPITAL IN EAST CHICAGO, AND COMMUNITY HOSPITAL IN MUNSTER. ST. MARY MEDICAL CENTER REMAINS DEDICATED TO ITS ROMAN CATHOLIC TRADITION. IT IS OUR GOAL TO BE THE PREMIER HOSPITAL SYSTEM IN INDIANA. OUR DEDICATION TO THIS END IS EVIDENT IN THE CARING SPIRIT OF OUR STAFF, COUPLED WITH THE BEST FACILITIES AND TECHNOLOGIES WE CAN OFFER OUR PATIENTS AND THEIR FAMILIES.</p> <p>IN 2004, THE HOSPITAL EXPANDED WITH A NEW \$40 MILLION PATIENT TOWER OFFERING COMFORTABLE,</p>

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	<p>PRIVATE ROOMS AND ADVANCED BEDSIDE TECHNOLOGY. DURING THE NEXT DECADE, GROWTH CONTINUED WITH THE OPENING OF A NEW ADVANCED IMAGING CENTER, A NEW AND EXPANDED EMERGENCY DEPARTMENT, THE OPENING OF ADDITIONAL OUTPATIENT LOCATIONS IN PORTAGE, HOBART AND VALPARAISO.</p> <p>IN 2015, ST. MARY MEDICAL CENTER USHERED IN A NEW ERA OF SURGICAL CARE WITH THE OPENING OF A \$40 MILLION FOUR-STORY SURGICAL PAVILION AND ICU, ADDING NEW SURGICAL SUITES AND INTENSIVE CARE UNIT, ALONG WITH A NEW CENTRAL STERILIZATION DEPARTMENT, POST-ANESTHESIA CARE UNIT, PHASE II RECOVERY UNIT AND SAME-DAY SURGERY. THE SAME YEAR ALSO SAW THE ACQUISITION OF THE TRUEBEAM SYSTEM - AN INNOVATIVE CANCER TREATMENT TECHNOLOGY - AND THE OPENING OF THE NEWLY EXPANDED PORTAGE HEALTH CENTERS I AND II.</p> <p>THE TOP TWO FLOORS OF THE SURGICAL PAVILION ARE IN THE PROCESS OF BEING FINISHED TO MEET GROWING HEALTHCARE NEEDS, AS PART OF OUR COMMITMENT TO PROVIDING THE HIGHEST QUALITY CARE WITH THE MOST ADVANCED TECHNOLOGIES, TO PROVIDE PATIENTS OF NORTHWEST INDIANA THE FINEST HEALTH CARE AVAILABLE TODAY.</p> <p>MISSION, VISION AND VALUES</p> <p>MISSION: COMMUNITY HEALTHCARE SYSTEM IS COMMITTED TO PROVIDE THE HIGHEST QUALITY CARE IN THE MOST COST-EFFICIENT MANNER, RESPECTING THE DIGNITY OF THE INDIVIDUAL, PROVIDING FOR THE WELL-BEING OF THE COMMUNITY AND SERVING THE NEEDS OF ALL PEOPLE, INCLUDING THE POOR AND DISADVANTAGED.</p> <p>VISION: COMMUNITY HEALTHCARE SYSTEM IS ONE MEDICAL PROVIDER ORGANIZED ACROSS FOUR HOSPITAL CAMPUSES. IT LINKS FOUR INDIANA HOSPITALS - COMMUNITY HOSPITAL IN MUNSTER; ST. CATHERINE HOSPITAL IN EAST CHICAGO; ST. MARY MEDICAL CENTER IN HOBART; AND COMMUNITY STROKE &amp; REHABILITATION CENTER IN CROWN POINT - AND MANY OUTPATIENT CLINICS AND PHYSICIAN OFFICES. THE SYSTEM IS DEDICATED TO MAINTAIN THE CATHOLIC TRADITION OF ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER AS WELL AS THE NON-SECTARIAN FOUNDATION OF COMMUNITY HOSPITAL. COMMUNITY HEALTHCARE SYSTEM WILL BECOME THE PROMINENT, INTEGRATED HEALTHCARE SYSTEM IN NORTHWEST INDIANA. THROUGH INTEGRATION, THE SYSTEM WILL CAPITALIZE ON OPPORTUNITIES TO INCREASE OVERALL GROWTH, IMPROVE OPERATING EFFICIENCY, AND REALIZE CAPITAL TO BETTER SERVE OUR PATIENTS, PHYSICIANS, AND EMPLOYEES.</p> <p>VALUES:</p> <p>DIGNITY - WE VALUE THE DIGNITY OF HUMAN LIFE, WHICH IS SACRED AND DESERVING OF RESPECT AND FAIRNESS THROUGHOUT ITS STAGES OF EXISTENCE. COMPASSIONATE CARE - WE VALUE COMPASSIONATE CARE, TREATING THOSE WE SERVE AND ONE ANOTHER WITH PROFESSIONALISM, CONCERN AND KINDNESS, EXCEEDING EXPECTATIONS.</p> <p>COMMUNITY - WE VALUE MEETING THE VITAL RESPONSIBILITIES IN THE COMMUNITY WE SERVE, AND TAKE A LEADERSHIP ROLE IN ENHANCING THE QUALITY OF LIFE AND HEALTH, STRIVING TO REDUCE THE INCIDENCE OF ILLNESS THROUGH CLINICAL SERVICES, EDUCATION AND PREVENTION.</p> <p>QUALITY - WE VALUE QUALITY AND STRIVE FOR EXCELLENCE IN ALL WE DO, WORKING TOGETHER COLLABORATIVELY AS THE POWER OF OUR COMBINED EFFORTS EXCEEDS WHAT EACH OF US CAN ACCOMPLISH ALONE.</p> <p>STEWARDSHIP - WE VALUE TRUSTWORTHY STEWARDSHIP AND ADHERENCE TO THE HIGHEST ETHICAL STANDARDS THAT JUSTIFY PUBLIC TRUST AND PROTECT WHAT IS OF VALUE TO THE SYSTEM - ITS HUMAN RESOURCES, MATERIAL AND FINANCIAL ASSETS.</p>



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<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>THE DESIGNATED POPULATION THAT ST. MARY MEDICAL CENTER IS FOCUSING ON INCLUDES THOSE INDIVIDUALS WHOSE LIFE-STYLE BEHAVIORS PUT THEM AT RISK FOR DISEASE AND ILLNESS. OUR PRIMARY FOCUS THIS YEAR IS ON DISEASES THAT HAVE BEEN IDENTIFIED AS HEALTH DISCREPANCIES IN LAKE COUNTY, INDIANA - DIABETES, HEART DISEASE &amp; STROKE, AND MATERNAL INFANT &amp; CHILD HEALTH. THE INCIDENCE OF THESE DISEASES IN OUR REGION SURPASSED STATE AND NATIONAL AVERAGES, AND THEREFORE DEMANDED OUR PRIMARY FOCUS. ALL OF THESE AREAS HAVE A COMMON LINK TO MODIFIABLE LIFESTYLE RISK FACTORS, EDUCATION, PREVENTION AND ACCESS TO MEDICAL SERVICES. ST. MARY MEDICAL CENTER HAS INVESTED GREATLY IN RECENT YEARS IN TREATMENT AND EDUCATION PROGRAMS AND IN OFFERING PATIENTS ACCESS TO TREATMENTS NOT AVAILABLE ELSEWHERE IN THE COUNTY. WE ARE EXPANDING BEST PRACTICE EFFORTS THROUGH THE PRIMARY CARE SETTING, IN PARTICULAR OUR EMPLOYED PHYSICIANS GROUP. THE FOCUS OF OUR COMMUNITY BENEFIT IS TO USE RESOURCES TO REACH BEYOND THE TREATMENT OF THESE DISEASES TO HELP EDUCATE, SUPPORT AND EMPOWER INDIVIDUALS TO LOWER THEIR RISKS.</p> <p>COMMITMENT TO QUALITY CARE</p> <p>ST. MARY MEDICAL CENTER IS COMMITTED TO MEETING THE NEEDS OF THE POPULATION IN LAKE AND PORTER COUNTIES. THE GOAL IS TO PROVIDE QUALITY COMPASSIONATE CARE, RESPECTING THE DIGNITY OF OUR PATIENTS AND FAMILIES, THROUGH TECHNOLOGICAL ADVANCES AND A SKILLED WORKFORCE. PHYSICIANS CONTINUE TO FORGE NEW GROUND IN HEART CARE, CANCER CARE AND SURGICAL SERVICES. SURGEONS AT ST. MARY MEDICAL CENTER HAVE ACCESS TO SOME OF THE MOST ADVANCED TECHNOLOGY AVAILABLE, INCLUDING THE RECENTLY ACQUIRED INTUITIVE ION ROBOTIC BRONCHOSCOPY SYSTEM FOR LUNG BIOPSY, THE DA VINCI X AND XI SURGICAL SYSTEMS® AND THE MAKO ROBOTIC ARM-ASSISTED INSTRUMENTATION SYSTEM® FOR PARTIAL AND TOTAL KNEE REPLACEMENTS. SURGICAL SERVICE IS MADE MORE CONVENIENT WITH AN OUTPATIENT SURGERY CENTER LOCATED NEARBY AT LAKE PARK IN HOBART. OUR AWARD-WINNING JOINT ACADEMY TAKES A TEAM APPROACH TO JOINT REPLACEMENT SURGERY, OFFERING PATIENTS EXTENSIVE EDUCATION, COACHING AND SUPPORT FROM THE PRE-OPERATIVE THROUGH POST-OPERATIVE PHASES OF CARE AND REHABILITATION. THE JOINT COMMISSION RECENTLY RECERTIFIED THE JOINT ACADEMY FOR ADVANCED CERTIFICATION FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT.</p> <p>VALPARAISO HEALTH CENTER AND PORTAGE HEALTH CENTER I AND II OFFER THE PORTER COUNTY COMMUNITY EASY ACCESS TO ADVANCED DIAGNOSTIC IMAGING AND LAB SERVICES, AS WELL AS 3D MAMMOGRAPHY WITH SAME-DAY RESULTS, PHYSICAL THERAPY AND COMPASSIONATE MEDICAL CARE FROM OUR PRIMARY CARE OR PHYSICIAN SPECIALISTS AT THESE LOCATIONS.</p> <p>ST. MARY MEDICAL CENTER OFFERS SPECIALTY CARE FOR OUR PRECIOUS, SMALLEST PATIENTS. OUR HOSPITAL HAS THE DISTINCTION OF BEING A BABY-FRIENDLY FACILITY. OUR STAFF ASSISTS MOTHERS BY PROVIDING INFORMATION, CONFIDENCE AND THE SKILLS TO MAKE INFORMED DECISIONS ON THE BEST FEEDING METHOD FOR THEIR INFANTS. THE LEVEL II NURSERY IS STAFFED AND EQUIPPED TO CARE FOR INFANTS BORN PREMATURELY, AND NEW MOTHERS ARE GUIDED THROUGH BIRTH WITH CERTIFIED LACTATION CONSULTANTS AND A MIDWIFE-FRIENDLY ENVIRONMENT. U.S. NEWS &amp; WORLD REPORT RANKED ST. MARY MEDICAL CENTER AS A "HIGH-PERFORMING" HOSPITAL AMONG THE BEST HOSPITALS FOR MATERNITY CARE IN 2021-22 - ONE OF ONLY THREE HOSPITALS IN INDIANA TO BE RECOGNIZED WITH THE DISTINCTION.</p> <p>AWARDS AND RECOGNITION SYNOPSIS</p> <ul style="list-style-type: none"> <li>· AMERICAN COLLEGE OF CARDIOLOGY - ACCREDITED PRIMARY PCI, CHEST PAIN CENTER - 2021</li> <li>· AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION - GET WITH THE GUIDELINES - STROKE QUALITY ACHIEVEMENT AWARD, COMMUNITY HOSPITAL, ST. CATHERINE HOSPITAL AND ST. MARY MEDICAL CENTER - GOLD PLUS 2021</li> <li>· ANTHEM BLUE CROSS/BLUE SHIELD ASSOCIATION - BLUE DISTINCTION CENTER - MATERNITY CARE - 2021</li> <li>· BABY-FRIENDLY USA - BABY-FRIENDLY HOSPITAL CERTIFICATION - 2022</li> <li>· COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES - 2022</li> <li>· IBCLC CARE AWARD - FOR THE EXCELLENCE DEMONSTRATED IN STAFFING IBCLC AS PART OF YOUR MATERNAL-CHILD HEALTH CARE TEAM, AND FOR CONDUCTING ACTIVITIES THAT DEMONSTRATE PROMOTION, PROTECTION, AND SUPPORT OF BREASTFEEDING - 2020-2022</li> <li>· INSPIRE AWARD FOR INFANT AND MATERNAL CARE, INDIANA HOSPITAL ASSOCIATION: CATEGORY OF EXCELLENCE AWARD - 2021, 2022</li> <li>· THE JOINT COMMISSION - ADVANCED CERTIFICATION FOR TOTAL HIP AND TOTAL KNEE REPLACEMENT - 2022</li> <li>· U.S. NEWS &amp; WORLD REPORT, BEST MATERNITY CARE - 2021</li> </ul> <p>COMMUNITY OUTREACH</p> <p>ST. MARY MEDICAL CENTER IS A STRONG PROPONENT FOR MAINTAINING GOOD HEALTH AND WELLNESS. COMMUNITY OUTREACH PLAYS A KEY ROLE IN REGULARLY ASSESS THE NEEDS OF OUR SERVICE AREA THROUGH EVALUATIONS FROM EVENTS, CLASSES AND PRESENTATIONS AS WELL AS THE TRIANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT. ST. MARY MEDICAL CENTER'S PRIMARY OUTREACH FOCUSES ON ADDRESSING DISEASES IDENTIFIED AS KEY HEALTH NEEDS IN LAKE AND PORTER COUNTIES, INCLUDING DIABETES, HEART DISEASE, STROKE AND MATERNAL CHILD HEALTH. THESE NEEDS HAVE MODIFIABLE LIFESTYLE RISK THAT MAY REDUCE WITH EDUCATION, BEHAVIOR MODIFICATION AND ACCESS TO MEDICAL SERVICES. ST. MARY MEDICAL CENTER UNDERSTANDS THAT HEALTH CARE IS NOT LIMITED TO THE WALLS OF ITS FACILITY, HAVING INVESTED GREATLY IN TREATMENT AND EDUCATION PROGRAMS ACROSS LAKE AND PORTER COUNTIES. ST. MARY MEDICAL CENTER'S PROGRAMMING HAS GROWN TO INCLUDE CANCER SUPPORT GROUPS, EXPANSION OF PRENATAL CLASSES AND SUPPORT GROUPS OFFERED ON-SITE AT THE HOSPITAL AND VALPARAISO HEALTH CENTER.</p> <p>ASK THE NURSE IS A PROGRAM PROVIDING ADVICE ABOUT HEALTH CONCERNS AND INFORMATION ON</p>

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	SERVICES OFFERED THROUGH COMMUNITY HEALTHCARE SYSTEM. THROUGH A PARTNERSHIP WITH VALPARAISO YMCA, ST. MARY MEDICAL CENTER NURSES PROVIDE SUPPORT TO MEMBERS OF THE COMMUNITY IN THEIR QUEST TO LIVE THEIR BEST LIVES. THE NURSES ARE ENERGETIC AND PASSIONATE ABOUT HELPING INDIVIDUALS LIVE A HEALTHIER LIFESTYLE, PROVIDING SCREENINGS AND COUNSEL ON A VARIETY OF HEALTH TOPICS, INCLUDING BLOOD PRESSURE MANAGEMENT, ATRIAL FIBRILLATION, COVID-19, HEALTHY EATING, NUTRITION, HEART DISEASE, DIABETES, WEIGHT MANAGEMENT AND FITNESS COACHING. CONSULTATIONS ARE AVAILABLE BY PHONE, VIRTUALLY OR IN-PERSON.
SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP	ST. MARY MEDICAL CENTER, INC. IS PART OF AN AFFILIATED SYSTEM. EACH HOSPITAL IN THE SYSTEM PROVIDES MEDICAL SERVICES TO THEIR COMMUNITIES AND ADJOINING COMMUNITIES. EACH ENTITY'S PURPOSE IS TO PROVIDE HEALTH CARE TO THOSE WHO NEED IT, INCLUDING THE UNINSURED OR UNDERINSURED.
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	IN