

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC.** Employer identification number **35-0869065**

**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 Applied uniformly to most hospital facilities 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 checked="" type="checkbox"/>	
100% 150% <input checked="" type="checkbox"/> 200% Other _____ %		
<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 checked="" type="checkbox"/>	
200% 250% <input checked="" type="checkbox"/> 300% 350% 400% Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<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> .....	<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**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			17952308.		17952308.	3.93%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			62605772.	37586329.	25019443.	5.48%
<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 .....			80558080.	37586329.	42971751.	9.41%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....		541,747	849,456.	307,709.	541,747.	.12%
<b>f</b> Health professions education (from Worksheet 5) .....			383,281.		383,281.	.08%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....		42,807	499,313.		499,313.	.11%
<b>j Total.</b> Other Benefits .....		584,554	1732050.	307,709.	1424341.	.31%
<b>k Total.</b> Add lines 7d and 7j .....		584,554	82290130.	37894038.	44396092.	9.72%

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

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	103,917,649.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	153,275,886.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-49,358,237.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other <input type="checkbox"/>		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? .....	9a	X
b .....	9b	X

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ST. MARY'S PERIPHERAL VASCULAR SERVICES MANAGEMENT COMPANY, LLC	MANAGEMENT	75.00%	.00%	75.00%



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group ST. MARY'S MEDICAL CENTER OF EVA, INC.

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</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 9	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j Other (describe in Section C)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
<b>5</b> 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>HTTP://WWW.STMARYS.ORG/CHNA</u>		
b Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i Other (describe in Section C)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**ST. MARY'S MEDICAL CENTER OF  
EVANSVILLE, INC.**

**Part V Facility Information** (continued) **ST. MARY'S MEDICAL CENTER OF EVA, INC.**

<b>Financial Assistance Policy</b>		<b>Yes</b>	<b>No</b>
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	<b>X</b>	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	<b>X</b>	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	<b>X</b>	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>300</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
<b>12</b>	Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input checked="" type="checkbox"/> Asset level		
<b>c</b>	Medical indigency		
<b>d</b>	Insurance status		
<b>e</b>	Uninsured discount		
<b>f</b>	Medicaid/Medicare		
<b>g</b>	State regulation		
<b>h</b>	Residency		
<b>i</b>	Other (describe in Section C)		
<b>13</b>	Explained the method for applying for financial assistance? .....	<b>X</b>	
<b>14</b>	Included measures to publicize the policy 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>	The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	The policy was available on request		
<b>g</b>	Other (describe in Section C)		

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

**Part V Facility Information** (continued) **ST. MARY'S MEDICAL CENTER OF EVA, INC.**

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

**Policy Relating to Emergency Medical Care**

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

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

<b>20</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.			
a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>21</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>21</b>		<b>X</b>
If "Yes," explain in Section C.			
<b>22</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>22</b>		<b>X</b>
If "Yes," explain in Section C.			

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 3:

IN CONDUCTING ITS CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY AS WELL AS PROFESSIONAL RESEARCH CONSULTANTS, INC., A CONSULTING COMPANY THAT HAS SPECIAL KNOWLEDGE AND EXPERTISE IN PUBLIC HEALTH.

THE HOSPITAL FACILITY CONSULTED WITH THESE PERSONS THROUGH MEETINGS AND FOCUS GROUPS.

ADDITIONALLY, THE HOSPITAL CONSULTED WITH THE FOLLOWING ORGANIZATIONS AND GROUPS IN CONDUCTING ITS MOST RECENT CHNA: ECHO, UNITED WAY, WELBORN BAPTIST FOUNDATION, SMOKE FREE COMMUNITIES, YMCA, DIEHL CONSULTING, THE CITY OF EVANSVILLE'S MAYOR'S OFFICE, SOUTHWEST MENTAL HEALTH, BRENTWOOD MEADOWS, CROSSPOINTE, EVANSVILLE-VANDEBURGH DRUG TASK FORCE, WARRICK CO. SHERIFF DEPARTMENT, VANDERBURGH CO. SHERIFF DEPARTMENT, YOUTH FIRST, EVANSVILLE STATE HOSPITAL, LAMPION CENTER, WARRICK PSYCHIATRIC CARE AND THE CHILDREN'S PSYCHIATRIC HOSPITAL.

PART V, SECTION B, LINE 4:

THE OTHER HOSPITAL FACILITIES WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDES ST. MARY'S WARRICK HOSPITAL, INC., DEACONESS HOSPITAL, DEACONESS GATEWAY, DEACONESS CROSSPOINTE, AND THE WOMEN'S HOSPITAL.

PART V, SECTION B, LINE 5C:

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

THE HOSPITAL FACILITY PRESENTED ITS CHNA TO THE COMMUNITY  
AT A LOCAL FINANCIAL INSTITUTION.

PART V, SECTION B, LINE 7:

THE HOSPITAL FACILITY'S COMMUNITY NEEDS HEALTH ASSESSMENT  
IDENTIFIED ACCESS TO CARE, ORAL HEALTH, AND EDUCATION TRAINING AS NEEDS  
OF THE COMMUNITY. THE HOSPITAL FACILITY DID NOT TAKE ACTION TO ADDRESS  
THESE NEEDS AS IT HAS LIMITED FINANCIAL AND OTHER RESOURCES.

PART V, SECTION B, LINE 20D:

THE DISCOUNT WAS DETERMINED BY REVIEWING THE LOWEST  
DISCOUNT PROVIDED TO MANAGED CARE PAYERS THAT COMPRISE AT LEAST 3% OF  
OUR VOLUME WITH AN ADDED PROMPT PAY DISCOUNT TO THE HIGHEST PAID  
DISCOUNT PROVIDED TO OUR MANAGED CARE PAYERS.

**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? 19

Name and address	Type of Facility (describe)
1 ST. MARY'S SURGICARE 300 CIRCLE FRONT DRIVE EVANSVILLE, IN 47715	GENERAL SURGICAL CENTER
2 ST. MARY'S SURGICARE 1125 PROFESSIONAL BLVD EVANSVILLE, IN 47714	GENERAL SURGICAL CENTER
3 ST. MARY'S CONVENIENT CARE EAST 100 EPWORTH CROSSING, SUITE B100 NEWBURGH, IN 47630	MULTI SERVICE OUTPATIENT FACILITY
4 ST. MARY'S MATERNAL-FETAL MEDICINE 3700 WASHINGTON AVENUE SUITE 2100A EVANSVILLE, IN 47750	OBSTETRICS/GYNECOLOGY
5 ST. MARY'S OUTPATIENT REHAB 1144 WASHINGTON SQUARE EVANSVILLE, IN 47715	OUTPATIENT REHAB CLINIC
6 ST. MARY'S REHAB 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	INPATIENT REHAB CENTER
7 ST. MARY'S NORTHBROOK 3838 N. FIRST AVENUE EVANSVILLE, IN 47710	PRIMARY CARE FACILITY
8 ST. MARY'S FOR CHILDREN 3900 WASHINGTON AVENUE EVANSVILLE, IN 47714	CHILDREN'S HEALTH FACILITY
9 ST. MARY'S OCCMED 2330 LYNCH ROAD EVANSVILLE, IN 47711	OCCUPATIONAL MEDICINE CLINIC
10 ST. MARY'S CONVENIENT CARE - WEST 5320 WESTON ROAD EVANSVILLE, IN 47712	PRIMARY CARE FACILITY

**Part V Facility Information** (continued)

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
11 ST. MARY'S NORTH POINTE REHAB 2300 LYNCH ROAD EVANSVILLE, IN 47711	OUTPATIENT REHAB CLINIC
12 ST. MARY'S NORTHBROOK - DX RADIOLOGY 3838 N. FIRST AVENUE EVANSVILLE, IN 47710	IMAGING SERVICES/RADIOLOGY
13 ST. MARY'S IMAGING AND LAB 1138 WASHINGTON SQUARE EVANSVILLE, IN 47715	IMAGING SERVICES/RADIOLOGY
14 ST. MARY'S NORTHBROOK - CT 3838 N. FIRST AVENUE EVANSVILLE, IN 47710	IMAGING SERVICES/RADIOLOGY
15 ST. MARY'S WEST SIDE X-RAY 2345 W. FRANKLIN STREET EVANSVILLE, IN 47712	IMAGING SERVICES/RADIOLOGY
16 JOSLIN DIABETES CENTER 3801 BELLEMEADE AVENUE EVANSVILLE, IN 47714	DIABETES SERVICE CENTER
17 ST. MARY'S WEIGHT MANAGEMENT CENTER 950 S. KENMORE EVANSVILLE, IN 47714	WEIGHT MANAGEMENT FACILITY
18 ST. MARY'S HEART INSTITUTE 3700 WASHINGTON AVENUE EVANSVILLE, IN 47714	SPECIALITY CARE FACILITY
19 ST. MARY'S PRE-PROCEDURE CLINIC 1140 WASHINGTON AVENUE EVANSVILLE, IN 47714	PRIMARY CARE FACILITY

**Part VI** Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

THE ORGANIZATION PROVIDES MEDICALLY NECESSARY CARE TO ALL PATIENTS, REGARDLESS OF RACE, COLOR, CREED, ETHNIC ORIGIN, GENDER, DISABILITY, OR ECONOMIC STATUS. THE HOSPITAL USES A PERCENTAGE OF FEDERAL POVERTY LEVEL (FPL) TO DETERMINE FREE AND DISCOUNTED CARE. AT A MINIMUM, PATIENTS WITH INCOME LESS THAN OR EQUAL TO 200% OF THE FPL, WHICH MAY BE ADJUSTED FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO THE NATIONAL WAGE INDEX, WILL BE ELIGIBLE FOR 100% CHARITY CARE WRITE OFF OF CHARGES FOR SERVICES THAT HAVE BEEN PROVIDED TO THEM. ALSO, AT A MINIMUM, PATIENTS WITH INCOMES ABOVE 200% OF THE FPL BUT NOT EXCEEDING 300% OF THE FPL, SUBJECT TO ADJUSTMENTS FOR COST OF LIVING UTILIZING THE LOCAL WAGE INDEX COMPARED TO NATIONAL WAGE INDEX, WILL RECEIVE A DISCOUNT ON THE SERVICES PROVIDED TO THEM.

PART I, LINE 7:

THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION

**Part VI** Supplemental Information (Continuation)

("CHA") GUIDELINES. THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE, INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF PAY). THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE. FOR THE INFORMATION IN THE TABLE, A COST-TO-CHARGE RATIO WAS CALCULATED AND APPLIED.

PART III, LINE 2:

AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED, IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE IN FISCAL YEAR 2014 WAS \$15,058,871 AT CHARGES (\$4,138,370 AT COST).

PART III, LINE 3:

THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE. THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR

**Part VI** Supplemental Information (Continuation)

DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL  
ACCOUNTS.

PART III, LINE 4:

THE ORGANIZATION IS A PART OF THE ASCENSION HEALTH  
ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE  
BAD DEBT EXPENSE IS LOCATED ON PAGE 19.

PART III, LINE 8:

A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S  
MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN  
THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND RELATED  
HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION ("CHA")  
GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT  
REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS  
A COMMUNITY BENEFIT.

PART III, LINE 9B:

THE ORGANIZATION HAS A WRITTEN DEBT COLLECTION POLICY THAT  
ALSO INCLUDES A PROVISION ON THE COLLECTION PRACTICES TO BE FOLLOWED  
FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL  
ASSISTANCE. IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE  
CERTAIN COLLECTION PRACTICES DO NOT APPLY AND THE FINANCIAL ASSISTANCE  
PROGRAM IS FOLLOWED.

PART VI, LINE 2:

COMMUNITIES ARE DYNAMIC SYSTEMS IN WHICH MULTIPLE FACTORS

**Part VI** Supplemental Information (Continuation)

INTERACT TO IMPACT QUALITY OF LIFE AND HEALTH STATUS. AS PART OF THE ST. MARY'S HEALTH SYSTEM, THE GOAL OF ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS TO WORK WITH ITS COMMUNITY TO CONDUCT AN ASSESSMENT AT LEAST EVERY THREE YEARS. ASSESSMENTS MAY INCLUDE PRIMARY SURVEY DATA, SECONDARY DATA, FOCUS GROUP INPUT, COMMUNITY LEADERS' SURVEY AND OTHER DATA. RESULTS ARE MADE AVAILABLE TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY. THESE NEEDS ASSESSMENTS ARE ALSO UTILIZED IN CREATING THE HOSPITAL'S INTEGRATED STRATEGIC FINANCIAL AND OPERATIONAL PLAN. TO THAT END, ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. HAS BROUGHT TOGETHER A COMMUNITY ROUNDTABLE WITH THE PURPOSE OF DETERMINING THE RESOURCES AND NEEDS, PRIORITIZING ACTION AND WORKING IN PARTNERSHIP TO ADDRESS IDENTIFIED CHALLENGES WITHIN A DESIGNATED AREA SURROUNDING THE HOSPITAL. ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. ALSO IDENTIFIES COMMUNITY HEALTH NEEDS BY EMPLOYING OTHER PUBLIC AGENCY NEEDS ASSESSMENTS SUCH AS WELBORN BAPTIST FOUNDATION AND THE UNITED WAY.

PART VI, LINE 3:

ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. COMMUNICATES WITH PATIENTS IN MULTIPLE WAYS TO ENSURE THAT THOSE WHO ARE BILLED FOR SERVICES ARE AWARE OF THE HOSPITAL'S CHARITY CARE PROGRAM AS WELL AS THEIR POTENTIAL ELIGIBILITY FOR LOCAL, STATE OR FEDERAL PROGRAMS. SIGNS ARE PROMINENTLY POSTED IN EACH SERVICE AREA. IN ADDITION, THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS, HEALTH ACCESS WORKERS, AND ENROLLMENT SPECIALISTS WHO CONSULT WITH PATIENTS ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS AND HELP PATIENTS IN APPLYING FOR ANY PUBLIC PROGRAMS FOR WHICH THEY MAY QUALIFY. ALL SELF-PAY PATIENTS RECEIVE A 15% DISCOUNT OFF THE TOP ON ALL CHARGES BEFORE STATEMENTS ARE MAILED.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 4:

ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS LOCATED IN  
EVANSVILLE, INDIANA AND SERVES VANDERBURGH AND CONTINGUOUS COUNTIES IN  
SOUTHERN INDIANA AND NORTH-CENTRAL KENTUCKY. THE PRIMARY SERVICE AREA IS  
DEFINED AS VANDERBURGH, WARRICK AND POSEY COUNTIES. THE POPULATION FOR  
THE PRIMARY SERVICE AREA WAS 287,757 IN 2014. ALSO THE MEDIAN INCOME FOR  
THE PRIMARY SERVICE AREA WAS \$54,936 FOR 2014 WITH 16% OF CHILDREN BELOW  
POVERTY LEVEL.

PART VI, LINE 5:

TO PROVIDE THE HIGHEST QUALITY HEALTHCARE TO ALL PERSONS IN  
THE COMMUNITY, AND IN KEEPING WITH ITS NOT-FOR-PROFIT STATUS, ST. MARY'S  
MEDICAL CENTER OF EVANSVILLE, INC.:

- DELIVERS PATIENT SERVICES, INCLUDING EMERGENCY DEPARTMENT SERVICES AND  
URGENT CARE SITES, TO ALL INDIVIDUALS REQUIRING HEALTHCARE, WITHOUT REGARD  
TO PATIENT RACE, ETHNICITY, ECONOMIC STATUS, INSURANCE STATUS OR ABILITY  
TO PAY
- MAINTAINS AN OPEN MEDICAL STAFF THAT ALLOWS CREDENTIALLED PHYSICIANS TO  
PRACTICE AT ITS FACILITIES
- TRAINS AND EDUCATES HEALTH CARE PROFESSIONALS
- PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICAID AND  
MEDICARE TO PROVIDE TO THE POOR AND ELDERLY. APPLICATION EVENTS ARE HELD  
AS WELL AS FOLLOW UP ASSISTANCE FOR INSURANCE
- HEALTH ACCESS ADVOCATES ("HAA") ARE COMMUNITY BASED STAFF WHOSE PRIMARY  
ROLE IS TO SIGN CHILDREN UP FOR HOOSIER HEALTHCARE INSURANCE. THEY CAN DO  
THIS BY ASSISTING FAMILIES IN APPLYING FOR HOOSIER HEALTHCARE INSURANCE  
HERE IN THE OFFICE, IN THE COMMUNITY, OR AT THE PATIENT'S HOME. DURING  
THIS PROCESS, THEY CAN ALSO ASSIST FAMILIES WITH BASIC NEEDS SUCH AS FOOD,

**Part VI** Supplemental Information (Continuation)

SHELTER AND CLOTHING. THE ADVOCATES CAN ALSO ASSIST ADULTS WITH APPLYING FOR MEDICAID, HEALTHY INDIANA PLAN, AND OTHER RESOURCES SUCH AS PHARMACEUTICAL APPLICATIONS FOR THOSE WHO QUALIFY. HAA WILL AT TIMES TRANSPORT PATIENTS TO NECESSARY APPOINTMENTS. ADDITIONALLY, HAA PROVIDES ASSISTANCE TO THE LATINO POPULATION BY PROVIDING A BI-LINGUAL ASSOCIATE. THIS ASSOCIATE SPEARHEADS A CERTIFIED MEDICAL INTERPRETER TRAINING PROGRAM THROUGH THE BRIDGING THE GAP PROGRAM

- IS GOVERNED BY A BOARD IN WHICH INDEPENDENT COMMUNITY MEMBERS COMPRISE A MAJORITY
- CONDUCTS COMMUNITY HEALTH NEEDS ASSESSMENTS AND HOLDS MEMBERSHIP ON OTHER PUBLIC AGENCY BOARDS TO ENHANCE WELL BEING OF THE COMMUNITY IN PARTNERSHIP PROGRAMS
- PROVIDES DENTAL SERVICES FOR PRIMARY SERVICE AREA WITH MOBILE DENTAL FOR KIDS CLINIC
- NUTRITION COUNSELING IS PROVIDED TO THE COMMUNITY AND SPECIFICALLY AREA SCHOOLS AND YOUTH GROUPS, SUCH AS FOOD PYRAMID PROGRAMS, STAFF HEALTH FAIR, ETC
- COMPLIMENTARY THERAPIES INCLUDING MESSAGES, YOGA CLASSES, STRESS REDUCTION CLASSES AT HOPE RESOURCE CENTER FOR CANCER PATIENTS AND SURVIVORS
- MALL WALKING PROGRAMS AND MONTHLY BLOOD PRESSURE SCREENINGS AT LOCAL MALL
- CHRISTMAS PROGRAMS FOR THE POOR: GREAT EXPECTATIONS. AREA FAMILIES ARE IDENTIFIED FROM LOCAL GROUPS SUCH AS UNITED WAY, CHURCHES, AND THE SCHOOL SYSTEMS, AS NEEDING ASSISTANCE WITH CHRISTMAS. ASSOCIATES OF ST. MARY'S GIVE MONIES, FOOD, CLOTHING, TOYS, ETC. TO FAMILIES IN NEED EACH YEAR.
- AUTISM VISIT WITH SANTA
- WNIN KIDS DAY

**Part VI** Supplemental Information (Continuation)

- MOBILE DENTAL KARE LAB
- CPR CLASSES GIVEN AT LOCAL DAYCARES AND SCHOOLS
- JOSLIN AND DIABETIC FOOT CLINIC - LECTURES, CLASSES, EXERCISE INSERVICES
- SAFESITTERS EDUCATION FOR TEENAGERS PREPARING TO TAKE CARE OF YOUNG CHILDREN, TODDLERS, AND INFANTS
- ST. MARY'S NIGHTS AT CHILDREN'S MUSEUM OF EVANSVILLE
- YOUTH FIRST RETREATS
- AMERICAN RED CROSS BLOOD DRIVES
- AMBULANCE, REHAB, AND MISC. BILLINGS PAID FOR PATIENTS
- PATIENT CARE FOR NON-PROFIT ECHO CLINIC
- TRANSPORTATION SERVICES FOR PATIENTS AND FAMILIES
- MEAL TICKETS FOR PATIENT FAMILIES

PART VI, LINE 6:

AS A PART OF ST. MARY'S HEALTH, INC., ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS DEDICATED TO IMPROVING THE HEALTH STATUS AND QUALITY OF LIFE FOR THE COMMUNITIES IT SERVES. WHILE DESIGNATED ASSOCIATES AT ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. DEVOTE ALL OR SIGNIFICANT PORTIONS OF THEIR TIME TO LEADING AND ADMINISTERING LOCAL COMMUNITY-BASED PROGRAMS AND PARTNERSHIPS, ASSOCIATES THROUGHOUT THE ORGANIZATION ARE ACTIVE PARTICIPANTS IN COMMUNITY OUTREACH. THEY ARE ASSISTED AND SUPPORTED BY DESIGNATED ST. MARY'S HEALTH COMMUNITY DEVELOPMENT AND SERVICE STAFF WHO WORK WITH EACH OF ITS HEALTHCARE FACILITIES TO ADVOCATE FOR AND PROVIDE TECHNICAL ASSISTANCE FOR COMMUNITY OUTREACH, NEEDS ASSESSMENTS AND PARTNERSHIPS AS WELL AS TO SUPPORT REGIONAL AND STATE-WIDE PROGRAMS, COMMUNITY PROGRAMS SPONSORED BY ST. MARY'S HEALTH IN WHICH ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PARTICIPATES.

**Part VI** Supplemental Information (Continuation)

FORM 990, PART III, LINE 4A, 4B AND 4C:

COMMUNITY BENEFIT REPORT

AS A MEMBER OF ASCENSION HEALTH, THE NATION'S LARGEST CATHOLIC HEALTHCARE SYSTEM, ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. CONTINUES TO BUILD AND STRENGTHEN SUSTAINABLE COLLABORATIVE EFFORTS THAT BENEFIT THE HEALTH OF INDIVIDUALS, FAMILIES, AND SOCIETY AS A WHOLE. THE GOAL OF ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS TO PERPETUATE THE HEALING MISSION OF THE CHURCH. ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. FURTHERS THIS GOAL THROUGH DELIVERY OF PATIENT SERVICES, CARE TO THE ELDERLY AND INDIGENT, PATIENT EDUCATION AND HEALTH AWARENESS PROGRAMS FOR THE COMMUNITY, AND MEDICAL RESEARCH. OUR CONCERN FOR ALL HUMAN LIFE AND DIGNITY OF EACH PERSON LEADS THE ORGANIZATION TO PROVIDE MEDICAL SERVICES TO ALL PEOPLE IN THE COMMUNITY WITHOUT REGARD TO THE PATIENT'S RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW:

ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT

ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. IS A 494-BED ACUTE CARE HOSPITAL. ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. SERVICES THE TRI-STATE AREA AROUND SOUTHERN INDIANA, INCLUDING SOUTHEASTERN ILLINOIS, AND NORTHWESTERN KENTUCKY. ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. SEEKS TO IMPROVE THE PHYSICAL, MENTAL, SOCIAL AND SPIRITUAL HEALTH STATUS OF ITS SURROUNDING COMMUNITY.

ST. MARY'S MEDICAL CENTER OF EVANSVILLE, INC. PROVIDES SIGNIFICANT RESOURCES ONLINE FOR PUBLIC USE AND EDUCATION AT [WWW.STMARYS.ORG](http://WWW.STMARYS.ORG). SUCH

